



2023-2024 Sponsorship Form

YES! My business or organization wants to sponsor Oklahoma chapter of the American Student Dental Association for the 2023-2024 academic year. Some items are added in A La Carte Sponsorships based on previous sponsorship packages, see details in sponsorship package. Please contact Sophia Parker (918)550-9306 or via email sophia-parker@ouhsc.edu with any questions.

We wish to reserve the following sponsorships:

Sponsorship Packages

- Platinum Sponsor (\$3900)
- Gold Sponsor (\$3100)
- Silver Sponsor (\$2300)

A La Carte Sponsorships

Casino Royale

- Premium Sponsor (\$2000)
- Base Sponsor (\$1050)

Vendor Fair (Spring)

- Premium Sponsor (\$2200)
- Deluxe Sponsor (\$2000)
- Base Sponsor (\$1700)

Loupes Fair

- Loupes Fair Sponsor (\$1500)

Happy Hour

- Promotion only (\$500)
- Quantity _____

Wellness Month Sponsor

- \$500

Sponsored Lunches

- Promotion only (\$500)
- Quantity _____

- Lunch and promotion (\$1500) Quantity _____ **

For Sponsored Lunches: This includes fee for providing food. If you want to provide your own lunch, please check promotion only.

Community Service

- Community Service (\$500) _____

Custom Sponsorship - coordinate w/ Sophia Parker

- \$_____ (ADD ONS)

Logo on website

- Large logo (\$500)
- Small logo (\$250)

Ad in semesterly newsletter

- Full-page color (\$500)
- Half-page color (\$250)

Please attach any relevant graphics, logos, advertisements, etc. and send to sophia-parker@ouhsc.edu

Scholarships

- Membership Dues Scholarship (\$2000) - per student sponsored
- Conference Travel Scholarship Sponsor (\$1000) - per student sponsored

Multiplier _____

Payment Information

Total Amount \$ _____

Check enclosed

Invoice me *

*Please note transaction fees may be applied.

Make checks payable to Oklahoma ASDA c/o Laurence Bennett. Complete this form and send to Oklahoma ASDA by mail (1201 N Stonewall Ave, Oklahoma City, OK 73117) or e-mail (sophia-parker@ouhsc.edu)

Contact Information

Business or
Organization Name: _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *State* *ZIP Code*

Office Phone: _____ Mobile Phone: _____

E-mail: _____

We sincerely thank you for sponsoring our organization.

Sponsors cannot use student contact information that they collect at ASDA events to directly contact students. Every event should be planned through ASDA and if this is violated we are subject to fine and no longer work with the organization. By signing this sponsorship form you agree to these terms.

Name: _____

Date: _____