



LOUISIANA DENTAL ASSOCIATION

Sponsorship Form

Please return this form with your payment to:

E-mail: jeanne@ladental.org

COMPANY NAME _____

NAME OF CONTACT _____

ADDRESS _____

(Make sure this is the billing address if you are paying with a credit card.)

PHONE _____ FAX _____

E-MAIL _____

WEBSITE (for promo purposes) _____

EVENT _____ DATE _____

TYPE OF SPONSORSHIP _____

AMOUNT \$ _____

PAYMENT OPTIONS:

(A) I wish to pay by credit card: (circle one) VISA MASTERCARD AMERICAN EXPRESS

Name on credit card _____

Exp. Date _____ Three-digit code on back of card _____

Signature _____

Credit Card Number _____

**NOTE: We impose a surcharge of 3% on the transaction amount on credit card products, which is not greater than our cost of acceptance.*

(B) My check payable to the Louisiana Dental Association is enclosed: Check Number _____

(Fishing Rodeo sponsorships are paid to the LDA Foundation.)