

ILDA Louisiana Dental Association

Sponsorship Form

Please return this form with your payment to:

Louisiana Dental Association
7833 Office Park Boulevard
Baton Rouge, Louisiana 70809
Phone: 800-388-6642 or 225-926-1986
Fax: 800-343-3842 or 225-926-1886

COMPANY NAME _____

NAME OF CONTACT _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

EVENT _____ DATE _____

TYPE OF SPONSORSHIP _____

AMOUNT \$ _____

PAYMENT OPTIONS:

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

Name on credit card _____

Exp. Date _____ Signature _____

Credit Card Number _____

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

THANK YOU!