



Louisiana Dental Association

Sponsorship Form

Please return this form with your payment to:

Louisiana Dental Association

7833 Office Park Blvd., 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 _____

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

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 _____ Three-digit code on back of card _____

Signature _____

Credit Card Number _____

**NOTE: As of August 1, 2009, there is a \$15 convenience fee for each credit card transaction.*

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

THANK YOU!