

# SPONSORSHIP FORM

Louisiana Dental Association

Please return this form with your payment to [jeanne@ladental.org](mailto:jeanne@ladental.org)

## General Information

Company Name \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

(If you are paying by credit card, this address must be the billing address)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website (for promotional purposes) \_\_\_\_\_

Event \_\_\_\_\_ Date \_\_\_\_\_

Type of Sponsorship \_\_\_\_\_

Amount \$ \_\_\_\_\_

## Payment

I wish to pay by **credit card**. Check one option below.

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.**

My **check** payable to the Louisiana Dental Association is enclosed.

Check Number \_\_\_\_\_

**(Big Bite Fishing Rodeo sponsorships must be paid to the LDA Foundation.)**