SPONSORSHIP FORM

Louisiana Dental Association

Please return this form with your payment to jeanne@ladental.org

General Information

Company Name _____

Name of Contact _____

Address _____

_____

(If you are paying by 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

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

☐ I wish to pay by **debit card**.

Name on Credit or Debit Card _____

Card Number _____

Exp. Date _____ Three-digit Code on Back of Card _____

Signature _____

☐ My **check** payable to the Louisiana Dental Association is enclosed. (Big Bite Fishing Rodeo sponsorships must be paid to the LDA Foundation.)

Check Number _____

Mail All Checks to this Address:

Louisiana Dental Association

5637 Bankers Ave

Baton Rouge, LA 70808