

Sponsorship Opportunities 2024-2025

JACKSONVILLE

DENTAL SOCIETY

AN AFFILIATE OF THE NORTHEAST DISTRICT,

AMERICAN & FLORIDA DENTAL ASSOCIATIONS

Our success and viability as an organization depend on support from our sponsors. We will make every opportunity to acknowledge our partners at each of our dinner meetings and emphasize our appreciation for your support. Please consider the following sponsorship opportunities that will increase your exposure to our local dental community.

"Multiple event discounts" are available if payment is received by September 1, 2024:

4 Dinner Meetings Dates: Thursday – September 12,2024
Thursday – October 24, 2024
Thursday – January 23, 2025
Half Day Meeting: Friday – February 28, 2025 (8:00 am – noon)
Dinner Meeting Time: 5:30pm–9:00pm Location: Epping Forest Yacht Club, 1830 Epping Forest Dr.

Dinner Meeting Time: 5:30pm–9:00pm Location: Epping Forest Yacht Club, 1830 Epping Forest Dr. Jacksonville, FL 32217

Comments: Sponsors may set up sponsor table in the meeting room to interact with members as they arrive. Sponsor's support will be recognized during the business portion of our meeting. Our social time is from 5:30 pm to 6:00 pm. The fee includes one representative who may attend the buffet dinner and CE lecture from 6:00 pm to 8:30 pm. Additional representatives are welcome to attend, however, each additional representative will incur a \$50 additional fee at the meeting (with or without buffet) Sponsorship Fee: \$375 per meeting or \$1,500 for all meetings (non-transferrable from year to year unless we have a situation like Covid again).

"Give Kids A Smile" Annual Event

Date: Saturday, February 2025 **Time:** 7:30 am - 4:30 pm **Location:** Florida State College of Jacksonville (FSCJ) North Campus.4501 Capper Road, Jacksonville, Florida 32218 **Comments:** Take part in this unique and rewarding opportunity to help the children in our community. This year we will strive to provide free dental treatment to many children who are in need. Several dozen dentists volunteer their time and expertise, but we look to our sponsors to help provide many dental related instruments and materials to make the event possible. **Sponsorship Fee: \$500 for the whole day (This sponsorship fee is not transferable from year to year).**

"Half Day Meeting" Mandatory course Date: Friday, February 28, 2025 Time: 8:00 am – Noon

Location: Epping Forest Yacht Club, 1840 Epping Forest Dr. Jacksonville FI 32217

Comments: Sponsors may set up sponsor table in the meeting room to interact with members as they arrive. Sponsor's support will be recognized during the business portion of our meeting. Time to socialize during breaks during the meeting and after meeting. Additional representatives are welcome to attend, however, each additional representative will incur a \$50 additional fee at the meeting (with or without buffet). Sponsorship Fee: \$500 for the whole day (This sponsorship fee is not transferable from year to year).





Multiple - event Sponsorship Discounts (available with payment in full by September 10, 2024) Sponsorship of all dinner meetings yields a discount:

- \$1,400 for all 4 meetings (discounted from \$1,500)
- \$1,800 for all 4 meetings, and GKAS (discount from \$2000)
- \$450 for half day meeting

Sponsor Information PLEASE TYPE OR PRINT LEGIBLY

Company Name:			
Address:			
City:	State:	Zip:	
Company website addres	s:		
Company Representative	Attending meetings:		
Title:			
Email Address:	PI	hone#:	
Please √ the event(s) you □ All dinner meetings (\$	r company wishes to sponsor 1400)		
□ All Dinner meetings an	d GKAS (\$1800)		
Thursday, September 2	2, 2024 (\$375/meeting)		
□ Thursday, October 24,	2024 (\$375/meeting)		
🗆 Thursday, January 23, 3	2025 (\$375/meeting)		
🗆 Give Kids A Smile, Satu	rday, February 2024 (\$500/all d	lay)	
□ Half Day meeting, Fri	day, February 28, 2025 (\$450,	/ half day)	
Thursday, March 27,	2025 (\$375/meeting)		

ANYONE THAT SPONSORS ALL DINNER MEETINGS WILL BE ALLOWED TO ATTEND 2 SOCIALS WE WILL BE HAVING FOR THE DENTIST First Social August 29, 2024





AMERICAN & FLORIDA DENTAL ASSOCIATIONS

Payment method

Check Check Number _____ Amount _____

FOR CONVENIENCE, WE ALSO TAKE CREDIT CARD

Payment by CC (Please include additional CC service fee of \$10.00)

□Visa	□Mastercard	Amount				
Card #			CVV code:_		_ Expiration Date	
Billing Ad	dress Street:					
City:		State:		Zip:		
Name or	n Card		Signatu	re		
Contact	person that will b	e attending and er	nail			

Please mail the last 2 pages and check or credit card information to:

Jacksonville Dental Society 450 State Rd 13 STE 106, BOX #451 Jacksonville, Florida 32259

If you have any questions, please call or email
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