

*Spokane District Dental Society
Dental Staff Appreciation Party
Friday, April 19, 2019
Northern Quest Resort*

*They've worked hard so now it's time for them to let loose & have fun with their team!
Join us in celebrating our local dental community!
Dinner, photo booth, live band, dancing, raffles, etc.*

*Sponsorship Opportunities
Choose where your Company can make the most impact!
Need Ideas? Let's chat....*

VIP Swag Bag | \$800

Put your name in the hands of the VIP attendees! A custom bag with your company name/logo will be provided to our VIP attendees. This will certainly be the talk amongst attendees as bags will be filled with goodies from local companies. You will also have the option to add anything you'd like to the bag.

Band | \$1,000

Gain recognition from our live band, The Rub, as attendees dance the night away. You'll also receive special signage on the stage.

Wine | \$1,000 *Sold - THANK YOU Burkhart Dental*

1 bottle of white red wine & white wine will be provided to each table with recognition of YOU at each table. (Signage with your companies name/logo at each table will be provided by SDDS)

Photo Booth | \$1,000

Attendees will create memories and leave with your name and logo on their pictures from our photo booth. This is a sponsorship that will last long after the event is over!

Yes, my organization will sponsor the SDDS Dental Staff Appreciation Party!

***Only Sponsors are able to attend this special event. Each sponsoring company will be provided with 4 tickets for their representatives to attend. If additional tickets are needed, please contact Wendy for details on availability at wendy@spokanedentalsociety.org**

Sponsorship Level: _____ VIP Swag Bag (\$1,000) _____ Band (\$1,000)
_____ Photo Booth (\$1,000) __SOLD__ Wine (\$1,000) _____ Event (\$300)

Contact Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Payment Method: _____ Check Enclosed _____ Send Invoice

_____ Credit Card (Visa, MasterCard, AMEX)

Card Number: _____

CVS # _____ Exp. Date: _____ Billing Zip Code: _____

Signature: _____

Please complete this form and return it along with your payment to:

wendy@spokanedentalsociety.org
Spokane District Dental Society
23403 E Mission Ave, Suite 104, Liberty Lake, WA 99019
509.838.5040 Fax
509.838.0436 Phone

Thank you!