



Chicago Society of Oral and Maxillofacial Surgeons

2258 Newport Lane, Geneva, IL 60134 / P: 630-408-4676 / F: 331-248-0555 / info@chicagosocietyofoms.org

Meeting Sponsorship Request Form

Name of Organization _____ Contact Person _____

Phone _____ Fax _____

E-Mail Address _____

_____ We would like to sponsor on Wednesday, April 20, 2022 (\$750) \$ _____

_____ Representatives would like to dine @ \$55.00 each: \$ _____
(#)

Name(s) of representative(s) attending:

Total Enclosed: \$ _____

Meeting Details:

**Sinus Disease: Common Procedures and Complications
with Monica Patadia**

Wednesday, April 20, 2022

6:00 p.m. social (cash bar) / 7:00 p.m. dinner / 7:00 p.m. lecture
East Bank Club, 500 N. Kingsbury St., Chicago

Expected Attendance: 50 to 75 oral and maxillofacial surgeons

Cost of Sponsorship: \$750.00

Dining Cost: \$55.00 per representative (if staying for dinner)

Benefits: You will be provided with a table throughout the meeting.
Social hour is an excellent opportunity to meet dental specialists
and tell them about your organization.

Deadline: Sponsorship requests must be received one week prior to the meeting.

For Credit Card Payment:

Name on Card: _____ Billing Zip Code: _____

Card Number: _____ Exp: _____ Security Code: _____

Email Receipt to: _____

Signature: _____

Please complete and mail this form along with payment, at least one week prior to the meeting: CSOMS,
2258 Newport Lane, Geneva, IL 60134.

Thank you for your participation and support!