



2258 Newport Lane, Geneva, IL 60134 / P: 630-408-4676 / F: 630-232-4240 / <http://chicagosocietyofoms.org>

Meeting Sponsorship Request Form

Name of Organization _____ Contact Person _____

Phone _____ E-Mail Address _____

____ We would like to sponsor on Wednesday, April 12, 2023 (Please select level of sponsorship):

____ Silver Sponsor (\$750) ____ Gold Sponsor (\$1500) ____ Platinum Sponsor (\$2500) \$ _____

____ Representatives would like to dine @ \$60.00 each: \$ _____

Total Enclosed: \$ _____

Names of Representatives Attending: _____

Meeting Details: **The Human Element in Innovation with Loran Nordgren**
Wednesday, April 12, 2023, 6 pm social (cash bar) / 7 pm dinner and lecture
Maggiano's, 240 Oak Brook Center, Oak Brook

Expected Attendance: 40 to 65 oral and maxillofacial surgeons

Cost of Sponsorship: Silver \$750.00 / Gold \$1500 / Platinum \$2500

Dining Cost: \$60.00 per representative (if staying for dinner)

Benefits: **Silver \$750:**
You will be provided with a table throughout the meeting.
Your logo will appear on all email invitations sent.
Your sponsorship will be announced at the meeting

Gold \$1500:
You will be provided with a table throughout the meeting.
Your logo will appear on all email invitations sent.
Your sponsorship will be announced at the meeting
Your logo will be displayed on large banner/signage at the registration desk
Your logo will be displayed on table tents at each dining table

Platinum \$2500:
You will be provided with a table throughout the meeting.
Your logo will appear on all email invitations sent.
Your sponsorship will be announced at the meeting
Your logo will be displayed on large banner/signage at the registration desk
Your logo will be displayed on table tents at each dining table
You will have the opportunity to speak for up to 5 minutes about your company

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 two weeks prior to the meeting:
CSOMS, 2258 Newport Lane, Geneva, IL 60134. Thank you for your support of CSOMS activities!**