



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

## **Winter Meeting Sponsorship Request Form**

Name of Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_ We would like to sponsor on Wednesday, January 31, 2024 (Please select level of sponsorship):

\_\_\_\_ Silver Sponsor (\$750) \_\_\_\_ Gold Sponsor (\$1500) \_\_\_\_ Platinum Sponsor (\$2500)     \$ \_\_\_\_\_

\_\_\_\_ Representatives would like to dine @ \$70.00 each:     \$ \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

Names of Representatives Attending: \_\_\_\_\_

### **Meeting Details:**

#### **OMS Resident Presentations**

Wednesday, January 31, 2024, 6 pm social (cash bar) / 7 pm dinner and lecture  
Riverview Room, East Bank Club, 500 N. Kingsbury St., Chicago

**Expected Attendance:** 50 to 75 oral and maxillofacial surgeons

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

**Dining Cost:** \$70.00 per representative (if staying for dinner – 2 beverage tickets included)

### **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!**