

Chicago Society of Oral and Maxillofacial Surgeons



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

Spring Meeting Sponsorship Request Form

Name of Organization _____ Contact Person _____

Phone _____ E-Mail Address _____

____ We would like to sponsor on Wednesday, April 22, 2026 (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:

Management of the Atrophic Alveolar Ridge:

Hard and Soft Tissue Considerations With Shaun R. Young, DDS

Wednesday, April 22, 2026, 6 pm social (cash bar) / 7 pm dinner and lecture
Riverview Room, East Bank Club, 500 N. Kingsbury St., Chicago

Expected Attendance: 30-55 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 one week prior to the meeting:
CSOMS, 2258 Newport Lane, Geneva, IL 60134. Thank you for your support of CSOMS activities!**