

#### CONTACT INFORMATION

Sponsoring Company Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### SPONSORSHIP PACKAGES

##### **Diamond– Sponsorship: \$30,000 USD**

###### **·Pre-Conference:**

- “ Listing as an Annual Meeting Sponsor on the PCSP Website with company logo and link until 2024 Annual Meeting - **See 2024 Sponsorship Prospectus for full benefits**

###### **Onsite Benefits:**

- “ Premier booth and location selection (In order of commitment)
- “ Large Banner
- “ Table Poster
- “ **(4) Four complimentary registrations** and 4 sets of event tickets to attend the Annual Meeting and Social Events (*Wednesday Evening Welcome Reception, Friday Aquarium Event, Installation Dinner*)
- “ Recognition announcement during the general session, breaks and social events
- “ One spot in the PCSP golf tournament on Wednesday, June 19, 2024 (first come first serve)
- “ Logo displayed in the PCSP Quarterly Newsletter
- “ Opt-In list of emails from guests and members

##### **Platinum– Sponsorship: \$25,000 USD**

###### **· Pre-Conference: See 2024 Prospectus for full Benefits**

- “ Listing as an Annual Meeting Sponsor on the PCSP Website with company logo and link until the 2024 Annual Meeting

###### **Onsite Benefits:**

- “ Standard Table Space Selection based on commitment date
- “ Table Poster & Table Banner
- “ **(3) Three complimentary registrations** and three sets of event tickets to attend the Annual Meeting and Social Events (*Wednesday Evening Welcome Reception, Friday Aquarium Event, and Installation Dinner*)
- “ Recognition announcement during the general session, breaks and Social Events
- “ One spot in the PCSP golf tournament on Wednesday, June 19, 2024 (first come first serve)
- “ Recognition in the PCSP Quarterly Newsletter
- “ Opt-in list of emails from guests and members

##### **Palladium – Sponsorship: \$20,000 USD**

- **Pre-Conference:** Listing as an Annual Meeting Sponsor on the PCSP Website with company logo and link until the 2024 Annual Meeting **See 2024 Sponsorship Prospectus for full benefits**

###### **Onsite Benefits:**

- “ Standard Table Space Selection based on commitment date
- “ Table Poster & Table Banner
- “ **(2) Two complimentary registrations and two sets of Social Event Tickets**  
(*Wednesday Welcome Reception, Friday Aquarium Event, Installation Dinner*)
- “ Recognition announcement during the general session and breaks
- “ Recognition in the PCSP Quarterly Newsletter
- “ Opt-in list of emails from guests and members



**SPONSORSHIP APPLICATION FORM**  
89<sup>th</sup> Annual Meeting for the  
Pacific Coast Society for Prosthodontics  
June 19- June 22, 2024

**Gold Sponsorship: \$15,000 USD**

**Silver \$10,000 USD**

**Bronze \$5000 USD**

· **Pre-Conference:** Listing as an Annual Meeting Sponsor on the PCSP Website with company logo and link until the 2024 Annual Meeting **See 2024 Sponsorship Prospectus for full benefit details for each category**

**Onsite Benefits:**

· Standard Table

- Table Poster/Table Banner

· (1) One complimentary registration and (1) set of Social Event tickets

(Wednesday Evening Welcome Reception, Friday Aquarium Event, Installation Dinner)

· Sponsor Mentioned before Scientific Sessions and at Breaks

· Logo displayed in Quarterly Newsletter

· Opt-in list of emails from guests and members

**Please send a copy of this completed form to Dr. Lambert Stumpel ([lstumpel@gmail.com](mailto:lstumpel@gmail.com)) to make your commitment.**

SPONSORSHIP PACKAGE Select One	Diamond	Platinum	Palladium	Gold
Please Check One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Package Costs	\$30,000 USD	\$25,000 USD	\$20,000 USD	\$15,000 USD
Silver	Bronze			
<input type="checkbox"/>	<input type="checkbox"/>			
\$10,000 USD	\$5,000 USD			

**PAYMENT INFORMATION**



Wire Transfer

Name as it Appears on Transfer:

Routing Number: 121000358 (paper and electronic) 026009593 (wire)

Routing Date: \_\_\_\_\_ Additional information: \_\_\_\_\_

*I hereby authorize Pacific Coast Society for Prosthodontics to process the above wire transfer for full sponsorship payment*

Representative : \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone Contact: \_\_\_\_\_

**REGISTRATION INFORMATION (REQUIRED)**

Please note there will be an additional cost if the number of representatives exceeds the number included in the selected sponsorship package.

Representative Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Representative Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Representative Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Representative Name: \_\_\_\_\_ E-mail: \_\_\_\_\_