

#### CONTACT INFORMATION

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

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

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

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

#### SPONSORSHIP PACKAGES

**All meeting sponsors will receive:**

- Listing as an Annual Meeting Sponsor on the PCSP Website with company logo, corporate video and link
- Featured in all marketing material (i.e. Newsletter, Instagram, Facebook, and email notifications)
- Emails of all attendees who have opted in
- Logo on Printed Program, Tote Bag and PCSP Newsletter

☐ **DIAMOND SPONSORSHIP - \$30,000 USD**

- Logo on lanyard
- Large table in premium location in the Exhibitors' Hall
- Up to five (5) complimentary representative registrations to attend the meeting
- Five (5) registration packet inserts Full page ad in program
- A table for Eight (8) at President's Gala
- Option to sponsor one of three main social events:
  - ~Welcome Reception, Crystal Cove Dinner or the President's Gala

☐ **Platinum – Sponsorship: \$20,000 USD**

- Standard table in optimal location in Exhibitors' Hall
- Up to four (4) complimentary representative registrations to attend the meeting
- Four (4) registration packet inserts
- Full page ad in program
- Six (6) guests at the President's Gala
- Option to sponsor one of three breakfasts

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

- Standard table in preferred location in Exhibitors' Hall
- Up to three (3) complimentary representative registrations to attend the meeting
- Three (3) registration packet inserts
- Full page ad in program
- Four (4) guests at the President's Gala

☐ **Silver – Sponsorship: \$10,000 USD**

- Standard table in preferred location in Exhibitors' Hall
- Up to two (2) complimentary representative registrations to attend the meeting
- Two (2) registration packet inserts
- Half page ad in program
- Two (2) guests at the President's Gala

☐ **Bronze- Sponsorship: \$5,000 USD**

- Standard table, space selection based on commitment date
- One (1) complimentary meeting registration
- One (1) registration packet insert 1/4 page ad in program



**SPONSORSHIP APPLICATION FORM**  
90<sup>th</sup> Annual Meeting for the  
Pacific Coast Society for Prosthodontics  
June 18- June 21, 2025

**Please send a copy of this completed form to Amy Valadez ([pcspmeeting@gmail.com](mailto:pcspmeeting@gmail.com)) to make your commitment.**

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

**PAYMENT INFORMATION (REQUIRED)**

Payment Type: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover ☐ Check ☐ Wire Transfer

**If applicable, please make payable to Pacific Coast Society of Prosthodontics.**

**Mail to:** Dr. Scott Dyer, 7965 SW Mohawk St., Tualatin, OR 97062

Name as it Appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*(Numbers on the back of card)*

***I hear by authorize Pacific Coast Society for Prosthodontics to process the above credit card for full sponsorship payment***

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

***If a wire transfer:***

Name as it Appears on Transfer:

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

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

***I hear by 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. Please list your Representative's Names below:**

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

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

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

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