



**SPONSORSHIP APPLICATION FORM**  
*91<sup>st</sup> Annual Meeting for the  
Pacific Coast Society for Prosthodontics  
June 17- June 20, 2026  
Portland, Oregon*

**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**

- 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 the 80's Prom themed Installation Dinner Dance
- Option to sponsor one of two main social events:  
Welcome Reception or the 80's Prom themed Installation Dinner Dance

☐ **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) 80's Prom themed Installation Dinner Dance
- 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 80's Prom themed Installation Dinner Dance

☐ **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 80's Prom themed Installation Dinner Dance

☐ **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**  
91<sup>st</sup> Annual Meeting for the  
Pacific Coast Society for Prosthodontics  
June 17- June 20, 2026  
Portland, Oregon

**Please send a copy of this completed form to RES Seminars ([res@res-inc.com](mailto:res@res-inc.com)) to make your commitment.**

| SPONSORSHIP PACKAGE<br>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. Rodger Lawton, 402 E. Bracciano Ave., Queen Creek, AZ 85140

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: \_\_\_\_\_