



**Premier Dental Office Managers of Iowa
Sponsorship Application 2020**

Sponsor Information

Business Name: _____ Type of Business: _____
Contact Name: _____ Best Phone#: _____
Email: _____
Website: _____
How did you hear about our group? _____

Sponsorship Selection

Thank you for sponsoring Premier Dental Office Managers of Iowa – Des Moines, IA Chapter of AADOM!

Level of Sponsorship Chosen: ____ Virtual; ____ Silver; ____ Gold; ____ Platinum

Sponsorship fees are paid fiscally and will start of the date the payment is received.

Payment: Check # _____ OR Credit Card # _____
Exp: _____ CV: _____ Zip: _____
Name on Card: _____
Signature: _____

Mail check payable to:
Premier Dental Office Managers of Iowa
Attn: Chavelle Rice
2008 NW 157th Street
Clive, IA 50325

Email application to: iowadentalmanagers@outlook.com

Please send logo to: iowadentalmanagers@outlook.com

Logo Received: _____; Logo uploaded to FB: _____; Chapter Website: _____
Emailed to AADOM: _____; Sponsorship Begins: _____; Sponsorship Ends: _____
Amount Paid: _____ on _____