

**WESTERN SOCIETY OF PERIODONTOLOGY**  
**SPONSORSHIP OPPORTUNITIES 2010**

**OCTOBER 2-3, 2010 - ANNUAL SCIENTIFIC SESSION**  
**THE VENETIAN RESORT, LAS VEGAS NEVADA**

\_\_\_\_\_ **Exhibit Tables - \$ 950.00\***

Attendees will be free to visit exhibits during the meeting registration, 7:30-8:30 a.m., morning break with exhibits, 10:00-10:30 a.m., buffet lunch with exhibits, 11:45 a.m.-1:00 p.m. and afternoon break with exhibits, 2:30-3:00 p.m. Displays to be set up by 7:30 a.m. \*Additional charge of \$150.00 will be assessed for electricity.

Table exhibit displays must be appropriate for a professional meeting. Registration acceptance for exhibits will be at the discretion of the Program Committee. Companies may register by completing the registration information below. Exhibit space is limited and available on a first come, first served basis. The registration information and payment need to be received to confirm exhibit table space. Only one company per exhibit table.

\_\_\_\_\_ **Lunch Sponsor - \$6,000.00**

Saturday lunch sponsorship includes an exhibit table; signage acknowledgment at the meeting and in the program brochure of the contribution will be included with this sponsorship.

\_\_\_\_\_ **Breakfast Sponsors - \$4,500.00**

Two sponsorship opportunities; Saturday or Sunday breakfast sponsor. An exhibit table; signage acknowledgment at the meeting and program brochure of the contribution will be included with this sponsorship.

\_\_\_\_\_ **Morning and Afternoon Break Sponsors - \$1,200.00**

Three possible sponsorship opportunities for the Saturday morning, Saturday afternoon or Sunday morning. Signage acknowledgment at the meeting of the contribution will be included with this sponsorship.

Company Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

On Site Representative \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***Payment by check is preferred; however, Visa and/or MasterCard are accepted.***

Enclosed is a check in the amount of, (or process our payment in the amount of) \$ \_\_\_\_\_

Visa/MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ 3-digit Code \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Mail: Western Society of Periodontology, P.O. Box 458, Artesia, CA 90702**

**Fax: 562.493.4340**

**Email: [debjohnson@wsperio.org](mailto:debjohnson@wsperio.org)**

**Phone: 562.493.4080**