



Southern Nevada
DENTAL SOCIETY

2024 Sponsorship Form

Thank you for considering sponsorship for Southern Nevada Dental Society in 2024! We want to better the lives and businesses of our Dentists and your company is essential in doing just that! There are a few things we would like your company to know when partnering with SNDS:

SNDS's Vendor Protection Policy: SNDS guarantees 30 Dentists at our events. If we don't anticipate that minimum turnout, you'll receive an email notifying you 24 hours in advance. Your funds will be transferred to a similar event with no penalty to your business. If the event isn't canceled, you're still welcome to attend at no additional charge! We want you to feel you're getting the most out of your sponsorship and continue to support SNDS with confidence!

Competitive Sponsoring: Please note that our event sponsorships are competitive, and vendors can "buy out" other vendors. Should an event you have previously paid for be bought out, you will have the opportunity to transfer those funds to another similar SNDS event OR buy out the vendor who bought you out! Buyouts must occur at least 2 weeks in advance of an event to allow for proper notification to other vendors and for marketing changes. Some events have limited sponsorship positions, so sponsoring early benefits you! The early bird gets the worm!

Save 10%: To thank you for planning, SNDS offers a 10% discount* if you pay for 2024 (at least 4 items) in full by January 31st, 2024. Sponsorship funds are nonrefundable but are transferrable. *Gala Sponsorship cannot be discounted

Date/Venue Change Policy: SNDS reserves the right to change the date and venue of the event. Sponsors will be given prompt notice of any changes and if the vendor can no longer attend, their funds will be transferred to another similar SNDS event of their choosing.

We at SNDS are eager to make those valuable networking connections to help our dentists and bring you business. Thank you for partnering with Southern Nevada Dental Society in 2024! If you have any questions, please feel free to call 702-901-1495 or email esther.johnson@sndsonline.org.



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Time	Event Name	Swag Sponsor	Table Sponsor	Bar or Mixer Sponsor	Buy Out	Total Investment
January 18th	Townhall Meeting	\$250	\$350	\$1,000	\$5,000	
March 22nd	Breakfast Meeting (Infection Control) 9AM – 1:30 PM	\$250	\$350	\$1,000	\$5,000	
April 25th	Dinner Meeting 6PM-9PM (Elections)	\$250	\$350	\$1,000	\$5,000	
May 18th	All Day Meeting (Opioid CE)	\$250	\$350	\$1,000	\$5,000	
June 15th	Aviators Summer Mixer 7:00PM	\$250	N/A	\$1,200 (One left)	\$4,000	
December 5th	Holiday Mixer 6PM – 9PM	\$250	N/A	\$1,500 (One left)	\$5,000	

Table 1 Total: _____



SNDS 2024 Gala -October 17th 6PM-9PM

Sponsor Class	What is included	Investment	Total Investment
Table Sponsor	1 - 6' Sponsor Table. First come, first served. Sponsors are allowed to bring 1 guest per sponsor table. 2 dinners are included plus 2 drink tickets per person. Marketing on one email and social media before the event. Marketing on the Website and social media after the event. Marketing on Event Agenda.	\$500	
Bar Sponsor	1 - 6' table next to the bar. Sponsor acknowledgment on the bar. Seating for 2 in the main dining area for dinner. Logo and recognition on select marketing pieces including emails to all NV Dentists, Ticket Registration Page, Facebook/Instagram/Twitter Ads, event flyer, and recognition from SNDS president during announcements.	\$5,000	
Title Sponsor	2 - 6' tables in a prime location (excluding the table closest to the bar). This also includes one table of 10 in the main dining area for dinner. If the company so decides they can transfer one or more of their sponsored seats to a Dentist and the door fee will be waived for that Dentist. Co-Branded marketing materials: Logo and recognition on ALL marketing pieces including emails to all NV Dentists, Ticket Registration Page, Facebook/Instagram/Twitter Ads, Website ads, Signage on all Dinner Tables, event flyer, recognition from SNDS President during announcements, post-event recognition.	\$10,000	

Table 2 Total: _____



2025 Member Calendars

Sponsors are responsible for providing high-quality ads in the appropriate dimensions. SNDS can design an ad using your logo for an additional fee.

Ad Size	Total number of ads this size	Preferred Month(s)* (circle)	Investment per ad	Total Investment
Full Banner (10"x 1.5")		JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC	\$1,200	
Half Banner (5" x 1.5")		JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC	\$600	
Business Card Size (3.5" x 2")		JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC	\$350	

**Ad placement is first come first served. SNDS will do our best to accommodate your company's advertising wishes!*

Table 3 Total: _____

"Closing The Gap" SNDS Podcast

Sponsors are responsible for providing high-quality ads in the appropriate dimensions. SNDS can design an ad using your logo for an additional fee.

Total Episodes for 2024	Preferred Month(s)* (circle)	Investment per episode	Total Investment
12	JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC	\$100	

**Ad placement is first come first served. SNDS will do our best to accommodate your company's advertising wishes!*

Table 4 Total: _____



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Total of Tables 1, 3, and 4: _____

10% applicable orders: _____

Total of Table 2: _____

Grand Total: _____

Sponsorships are due to SNDS a week before events for late registration and before January 31st, 2024 to receive the 10% discount. Sponsors are responsible for providing SNDS with high-quality marketing materials and logos. Those materials can be emailed to esther.johnson@sndsonline.org. Checks are accepted and are payable to *Southern Nevada Dental Society*. Checks can be mailed to PO Box 32126, Las Vegas, NV 89127. Online payments are accepted and are subject to a 3% online payment fee. Contact SNDS if you would like to make an electronic payment.

Company Name: _____

Submitted by: _____

Phone: _____

Email: _____

Address: _____

Signature of
responsible
party: _____

(The above signed understands the policies stipulated in the document above, agrees to pay on behalf of their company the above fees to Southern Nevada Dental Society, and acknowledges a copy of this completed form was given to them.)