EDUCATIONAL SPONSORSHIP OPPORTUNITIES

AACD is the world’s #1 source for continuing education among cosmetic dentistry professionals. Be part of the premier educational programming for cosmetic dentistry by sponsoring a corporate lecture and/or a corporate hands-on workshop. These educational presentations are described below.

CORPORATE LECTURE
The corporate sponsored lectures are structured to familiarize attendees with particular techniques or materials in a three-hour lecture format. Lectures will be offered in morning and afternoon sessions on Thursday, Friday, and Saturday at the scientific session. Attendance for the lecture will depend on room capacity.

CORPORATE HANDS-ON WORKSHOP
Hands-on workshops are designed to familiarize attendees with particular techniques and/or materials in a three-hour hands-on experience. These workshops are offered Thursday through Saturday at the scientific session and attendance is limited. Workshop set up is classroom style, a maximum of 50 participants, but final attendance numbers will depend on room capacity. Workshops must devote at least 75% of the class time to hands-on clinical applications and sponsors must provide a qualified instructor for every 25 participants.

PRESENTATION & CONTRACT SUBMISSION
The presenter(s) name, title, synopsis, and learning objectives must be submitted with each sponsorship contract. Presentation information must be submitted electronically. Per Board approved policy, the AACD Professional Education Committee (PEC) has final approval of the corporate presentations. Should a program or speaker be turned down by the PEC, the decision may be appealed to the Board of Directors. Presentations will be reviewed for program content and program compatibility prior to accepting the sponsorship contract. Submit your contract and presentation information to:

Allison McCarty
AACD Professional Education & Event Manager
402 West Wilson Street, Madison, WI 53703
Fax: 608.222.9540  |  e-mail: allisonm@aacd.com

“AACD dental professionals are a uniquely progressive group committed to their education and the evolution of dentistry. Their passion for learning new techniques combined with their overall focus on esthetics results makes them the perfect audience for not only our company, but any company wanting to reach advanced practitioners.”

- Tim Sayegh, Six Month Smiles, Inc.
CORPORATE EDUCATIONAL CONTRACT

THURSDAY, APRIL 28 - SATURDAY, APRIL 30, 2016
METRO TORONTO CONVENTION CENTRE, TORONTO, CANADA

COMPANY & CONTACT INFORMATION

Company Name: _____________________________________________________________

Workshop Contact Name: ___________________________________________ E-mail: ___________________________

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EDUCATIONAL SPONSORSHIPS (check box of choice)

<table>
<thead>
<tr>
<th>Lecture Type</th>
<th>Fee (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Lecture</td>
<td>$6,500</td>
</tr>
<tr>
<td>Corporate Hands-on Workshop</td>
<td></td>
</tr>
<tr>
<td>Full Day (2 Sessions)</td>
<td>$9,000</td>
</tr>
<tr>
<td>Half Day (1 Session)</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

EDUCATIONAL SPONSORSHIPS (check box of choice)

Schedule Request:

- **Morning Session**
  - Thurs. Fri. Sat. (circle one)
- **Afternoon Session**
  - Thurs. Fri. Sat. (circle one)

Corporate Hands-on Workshop

Schedule Request:

- **Full Day (Morning & Afternoon Sessions)**
  - Thurs. Fri. Sat. (circle one)
- **Half Day (1 Session)**
  - Thurs. Fri. Sat. (circle one)

- **Repeated**
  - Date: ________________ Time: ________________

Number of Participants: ____________________________

SPEAKER NAMES:

1. ____________________________________________ 2. ____________________________________________
3. ____________________________________________ 4. ____________________________________________

Full payment is due when contract is submitted. All payments are non-refundable.

METHOD OF PAYMENT:

- **Check No.:** ____________  **Amount:** $________________________
- **Credit Card No.:** ____________________________  **Card Security Code:** ____________  **Exp Date:** ____________

Name as it Appears on Credit Card: ____________________________________________

Cardholder Signature: ____________________________________________

I/We have read and will abide by the conditions set forth in this contract, which the undersigned applicant agrees is part of this contract for sponsorship.

Authorized Signature/Title

Date: _____________________

Return to:

Allison McCarty
AACD Professional Education & Event Manager
402 West Wilson Street, Madison, WI 53703
Fax: 608.222.9540 • e-mail: allisonm@aacd.com