

CORPORATE WORKSHOP CONTRACT



ORLANDO 2022

EDUCATE | INSPIRE | CONNECT

COMPANY & CONTACT INFORMATION

Company Name: _____

Contact Name: _____ E-mail: _____

**Per AACD 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.*



Thursday, April 28
2 pm - 5 pm ET

Friday, April 29
9 am - noon ET & 2 pm - 5 pm ET

*Attendance Limited

Educational Sponsorship Opportunities:

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 and Friday at AACD 2022 and attendance is limited. Workshop set-up is classroom style with a maximum up to 45 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.

CORPORATE WORKSHOPS

Provide attendees with a hands-on experience to perfect their techniques with your materials and equipment. Attendance will be limited to 45 participants (**preregistration required**).

Full Day Workshops can be two sessions that are repeated, or two independent workshops. Time slots are available in the morning and afternoon.

_____ : **Full Day Workshop**
(2 Sessions) \$9,000

_____ : **Half Day Workshop**
(1 Session) \$6,000

Topic: _____

Max Number of Participants: _____

(preferred number is 45)

Speaker Name(s): (if known)

1. _____

2. _____

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

METHOD OF PAYMENT:

Please send Invoice for Payment.: _____

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.

Date: _____

Authorized Signature/Title: _____

Return to:

 American Academy
of Cosmetic Dentistry

402 West Wilson Street
Madison, WI 53703

exhibits@aacd.com

aacd.com/exhibitors