

AACD 20 EDUCATE APRIL
 23 INSPIRE 26-29
 CONNECT GRAPEVINE, TEXAS
CORPORATE WORKSHOP CONTRACT

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 the PEC turn down a program or speaker, the decision may be appealed to the Board of Directors.*



Wednesday, April 26

12:30pm - 3:30 pm CT

Thursday, April 27

9 am - 12 pm & 1:30 pm - 4:30 pm CT

Friday, April 28

9 am - 12 pm CT & 2 pm - 5 pm CT

*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.

The workshop set-up is classroom style, with a maximum of 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. Limited observation seating will be offered in the back of the room if space allows. AACD will determine capacity.

CORPORATE WORKSHOPS

New this Year! Corporate Workshop Sponsors will receive two complimentary conference registrations. The sponsor must submit the names that will receive the registrations to AACD on or before April 3, 2023.

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 the contract is submitted. All payments are non-refundable.

METHOD OF PAYMENT:

Please send Invoice for Payment.:

Amount: \$ _____

Credit Card #: _____

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 sponsorship contract.

Date: _____

Authorized Signature/Title: _____

Return to:



exhibits@aacd.com