

# 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**