



Who will attend? Over 100 decision-makers and influencers from across Kansas, including:

- Health professionals
- Educators
- Health advocates
- Insurers
- Safety-net clinics
- Human service organizations
- Community leaders
- Health Departments

Sponsorships demonstrate a commitment to improving the oral and overall health of Kansas. Your support will help Oral Health Kansas continue to make advances in oral health policy, as well as provide you with a unique promotional opportunity. All sponsors will be recognized prominently before, during, and after the event.

Sponsorship Level	Benefits	Amount
Platinum Sponsor	<ul style="list-style-type: none"> • Complimentary exhibit space • Five complimentary conference registrations • Logo on all event signage, in program and on conference website • Announcement of sponsorship at all sessions • Opportunity to include promotional materials in packets 	\$10,000
Gold Sponsor	<ul style="list-style-type: none"> • Complimentary exhibit space • Two complimentary conference registrations • Logo on all event signage, in program and on conference website • Announcement of sponsorship at all sessions 	\$5,000
Silver Sponsor	<ul style="list-style-type: none"> • One Complimentary conference registration • Logo on all event signage, in program and on conference website • Announcement of sponsorship at all sessions 	\$3,000
Student Sponsor: Sponsor 25 dental or dental hygiene students to attend the conference	<ul style="list-style-type: none"> • One Complimentary conference registration • Logo on all event signage, in program and on conference website • Announcement of sponsorship at all sessions • Opportunity to include promotional materials in packets 	\$2,000
Dental Champions Sponsor	<ul style="list-style-type: none"> • Signage and announcement at Dental Champions Reception • Logo in program and on conference website • Opportunity to include promotional materials in packets 	\$1,500
Patron Sponsor	<ul style="list-style-type: none"> • Include promotional materials in conference participant packets 	\$250



Sponsor Agreement

Contact Information

Organization _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Sponsor Level *Check one or more*

- Platinum Sponsor (\$10,000)
- Gold Sponsor (\$5,000)
- Silver Sponsor (\$3,000)
- Student Sponsor (\$2,000)
- Dental Champions Reception Sponsor (\$1,500)
- Patron Sponsor (\$250)

Payment Information

✓ Payment method:

Check _____ Please send invoice _____ Credit Card _____
(payable to Oral Health Kansas, Inc.)

Credit Card Number _____ Exp Date _____ CVV _____

Card Holder Signature _____ Card Zip Code _____

✓ Please submit this form and payment to:

Oral Health Kansas, Inc.
712 S. Kansas Ave., Suite 412, Topeka, KS 66603
info@oralhealthkansas.org
Fax: 785-233-5564

✓ Please email an electronic copy of your logo for promotional purposes.

A confirmation will be sent upon receipt of this form. Thank you for your support!