



Stanislaus Dental Society Marketing Opportunities

The Stanislaus Dental Society offers a variety of opportunities providing vendors/sponsors marketing visibility to members of the society. Exhibitor space is limited at our meetings and is on a first come, first served basis. Payment must be received in advance of the meeting/publish date. Following are multiple advertising options. Advertising is subject to the approval of the Stanislaus Dental Society.

SDS APEX Newsletter

The APEX is published on a bi-annual basis (June and December) and offers your business the opportunity to communicate and promote your company's benefits and services to the society's membership. The APEX is mailed electronically to all member dentists in Stanislaus County as well as to the other 31 Component Dental Society Executive Directors, Presidents and Editors in California, Dugoni School of Dentistry at UOP Stockton, and select staff at the American and California Dental Associations (Chicago and Sacramento). The newsletter is also archived on the SDS website. Deadlines for copy are the first of the month prior to publishing (Example: deadline for June is May 1).

To reserve space in the **SDS APEX Newsletter**, submit electronic file copies of your artwork (format is 72 dpi @100% size .jpg) to sdsdent@thevision.net. Rates for the APEX newsletter are:

<i>Ad type</i>	<i>Dimensions</i>	<i>1 Issue Only</i>	<i>Both Issues</i>
Business Card	3.5"w x 2"h	\$50	\$90
¼ page	5"w x 2"h	\$80	\$150
½ page	5"w x 3.75"h	\$140	\$250
Full page	5"w x 8"h	\$250	\$400

General Membership Meetings

Meetings held February, May and October – 3 hours (Attendance 35-50 dentist members)

Basic Exhibitor Package - \$200

- 8' table in room with members, tablecloth and chairs provided (bring signs, literature, equipment, goodies)
- Representative introduction by President/Program chair
- Member access during social time prior to and after the meeting.
- 1 dinner (\$25 each additional representative)
- Recognition in the APEX newsletter

Gold Exhibitor - \$250

- Basic package and includes 5 minutes to speak at the podium prior to the start of the course.

Platinum Sponsor – \$500

- Basic Package and includes: Sponsorship acknowledgement in all promotional materials, 10 minutes to speak at the podium prior to the start of the course, plus one additional vendor dinner.
- Following the meeting, we will email an Excel spreadsheet of attending dentist's names and mailing addresses to you with authorization for single use in mailing-approved content to attendees.

Continuing Education Courses

Courses held January, March, August, October

****Fees for Summer Dental Symposium in June separate and included in Exhibitor Symposium Brochure****

Includes:

Basic Exhibitor Package - \$200

- 8' table in room with members, tablecloth and chairs provided (bring signs, literature, equipment, goodies)
- Representative introduction by President/Program chair
- Member access during social time prior to and after the meeting.
- 1 dinner (\$25 for each additional representative)
- Recognition in the APEX newsletter

Gold Exhibitor - \$250

Basic package and includes 5 minutes to speak at the podium prior to the start of the course.

Platinum Sponsor – \$600

- Basic Package and includes: Sponsorship acknowledgement in all promotional materials, 10 minutes to speak at the podium prior to the start of the course, plus one additional vendor dinner.
- Following the meeting, we will email a list of attending dentist's names and mailing addresses to you with authorization for single use in mailing-approved content to attendees.

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SDS Website Advertising

The Stanislaus Dental Society reserves the privilege of sponsorship on its website, www.stanislausdental.org, via a dedicated sponsor portal on the first page. The portal will include a slideshow for sponsor logos which will then link each logo image directly to your company's website. (The SDS website is currently undergoing an upgrade and the portal is being included on the newly-developed site.)

You must to submit your logo in the size specified, 220 pixels (2.3") by 120 pixels (1.25"), as a .jpg file by the 15th of the month prior to when you want to advertise. *Example: To advertise in December, your payment and ad needs to be submitted to us by November 15.* Send logo/hyperlink address via email to www.sdsdent@thevision.net.

Fee*	Length of Time
\$250	Quarter
\$450	Six months
\$800	Annual

*This fee will also include your name being mentioned in our APEX Newsletter as a Stanislaus Dental Society supporter.

Renewal of this agreement must be on the part of the vendor and is contingent upon available space.

The Stanislaus Dental Society board reserves the right to assure that the placed ad is appropriate and benefits the dental component as well as its patients. Advertising is subject to the approval of the Stanislaus Dental Society.

Please choose from the following marketing options:

Please reserve space for an ad in the: June December newsletter

Ad type	Dimensions	1 Issue Only	✓	Both Issues	✓
Business Card	3.5"w x 2"h	\$50	<input type="checkbox"/>	\$90	<input type="checkbox"/>
¼ page	5"w x 2"h	\$80	<input type="checkbox"/>	\$150	<input type="checkbox"/>
½ page	5"w x 3.75"h	\$140	<input type="checkbox"/>	\$250	<input type="checkbox"/>
Full page	5"w x 8"h	\$250	<input type="checkbox"/>	\$400	<input type="checkbox"/>

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General Membership Meetings

- February May October
 \$200 Basic Package \$250 Gold Exhibitor \$500 Platinum Sponsor

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Continuing Education Courses

- January March August October
 \$200 Basic Package \$250 Gold Exhibitor \$600 Platinum Sponsor

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SDS Website Logo

- \$250 = Quarter \$450 = Six months \$800 = Annual

Payment:

_____ Check Amount: \$ _____

_____ Credit Card (Amer. Express/VISA/MasterCard/Discover)

Name on Card: _____ CVV(3-digits) _____

CC# _____ Exp. (mm/yr) ____/____

Date: _____ Company Name: _____

Contact Person: _____ Phone #: _____

Authorized Signature: _____

Return to:

Stanislaus Dental Society
2401 E. Orangeburg Ave. Ste. 675-319
Modesto, CA 95355
Attn: Robin Brown
Fax: (209) 522-9448
Email: sdsdent@thevision.net

We appreciate your support of the Stanislaus Dental Society!

STANISLAUS DENTAL EXHIBITOR AGREEMENT

This Exhibitor Agreement is entered into and is effective as of _____, between Stanislaus Dental Society and _____. (**'Exhibitor'**) The Parties agree as follows:

- 1. Event.** The Exhibitor wishes to participate as an exhibitor at the _____. (**'Event'**).
- 2. Exhibitor Fees.** In exchange for being allowed to participate as an exhibitor in the Event, Exhibitor shall pay to Host Entity fees in the amount of _____, which represents the fair market value of such exhibitor space (**'Exhibitor Fee'**) and is the same rate being offered to all exhibitors. Host Entity agrees that it will provide Exhibitor with adequate exhibit space at the Event for the Exhibitor to set up the Exhibitor's property as provided in this Agreement.

- 3. Exhibit.** Exhibitor will receive the benefits found in the preceding page:

The Host Entity will be solely responsible for promoting and/or organizing the event with no assistance from the exhibitor (e.g., member flyer distribution or with assisting in selection of speakers).

- 4. Exhibit Set-Up Schedule and Location.** Event is _____. The Exhibitor's exhibit will be located at _____.

- 5. Compliance.** Host Entity agrees to: (1) abide by the ACCME Guidelines regarding seminars; 2) reference exhibitors in program brochures, syllabi, and other course materials, and Payments made by Exhibitor are used only for the exhibit space and associated fees and are not used to underwrite or sponsor any other aspect of this event or any other event or activity.

- 6. Termination Policy.** If the premises where the Event is to be housed (the **'Premises'**) are destroyed or damaged, or if the Event fails to take place as scheduled or is relocated or interrupted and discontinued, or if access to the Premises is prevented or interfered with for any reason, this Exhibitor Agreement may be terminated by the Exhibitor. In the event of such termination, Host Entity will refund the Exhibitor Fee to Exhibitor.

- 7. Indemnification.** Each Party and its agents agree to protect, indemnify, defend, and hold harmless the other Party and its respective employees, partners, and agents against all claims or liability, including but not limited to injuries and damages to persons or property, governmental charges and attorneys fees arising out of or caused by the Party's gross negligence or willful misconduct of the Party or its agents or employees. The indemnified Party shall provide the indemnifying Party with prompt notice of any claim and shall provide reasonable assistance with such claim. This indemnification paragraph shall not waive any statutory limitations of liability available to either Party nor shall it waive any defenses either Party may have with respect to any claim.

Miscellaneous. This agreement may be executed in the original or by facsimile in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one agreement. Notwithstanding anything else in this agreement to the contrary, the Parties respective rights and obligations under paragraphs 6 and 7 shall remain in full force and effect following the termination of this agreement and shall be enforceable in full force and effect following such termination. This agreement shall be governed by and interpreted in accordance with the laws of the State of California, without regard to choice of law principles thereof. The Parties agree that any legal action relating to this Agreement shall be commenced and maintained exclusively before any appropriate state or federal court of record in Stanislaus County, California, and the Parties hereby submit to the jurisdiction of such courts and waive any right to challenge or otherwise raise questions of personal jurisdiction or venue in any action commenced or maintained in such courts.

Exhibitor shall return an executed copy of this agreement with Exhibitor Fee to Host Entity:

Stanislaus Dental Society
2401 E. Orangeburg Ave. Ste. 675-319
Modesto, CA 95355
Fax: (209) 522-9448

Email: sdsdent@thevision.net

IN WITNESS WHEREOF, the parties hereto, each by a duly authorized officer, have entered into this Exhibitor Agreement as of the date set forth below.

EXHIBITOR

Company Name: _____

Name: _____

Title: _____

Date: _____

CERTIFICATION: The undersigned, as founder, director, president or officer of Host Entity, I understand that _____ is purchasing booth space and badges which go to supporting the cost of "Event" taking place on _____. As a person with controlling interest, I certify that the funds from Exhibitor will be used to support this event and will not support any health care professional individually or corporately.

STANISLAUS DENTAL SOCIETY

Name: _____

Title: _____

Date: _____