

The Association
of Dental
Technologists of
Ontario

*Annual
DentoGala*

THE ASSOCIATION OF DENTAL TECHNOLOGISTS OF
ONTARIO

PRESENTS:

2007 DentoGala

SATURDAY, NOVEMBER 17, 2007
THE BELLAGIO

RECEPTION 6:30P.M. / DINNER 7:30P.M.

~ JOIN US FOR ~

COCKTAILS & HORS D'OEUVRES

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DINNER & DANCING

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AWARDS & PRESENTATIONS

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DOOR PRIZES

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\$90.00 PER PERSON

~Black Tie Optional~

DENTOGALA SPONSORSHIP OPPORTUNITIES

Gold Sponsor:

\$2,500 – Contribution

(Includes 4 complimentary registrants)

- Your company's logo on our sponsorship board which will be prominently displayed throughout the reception and dinner service
- Your company's logo displayed on our sponsors banner (4' x 12') hung directly over the main stage
- Reserved table with full signage
- Mention of sponsorship on the evenings program
- A formal thank you for your contribution by our master of ceremonies
- (4) Complimentary tickets to DentoGala

Reception Sponsor

\$1,000 – Contribution

(Includes 2 complimentary registrants)

- Your company's name will be prominently displayed on our sponsorship board through out the cocktail reception and dinner service
- Mention of sponsorship on the evenings program
- A formal thank you for your contribution by our master of ceremonies
- (2) complimentary tickets to DentoGala

Table Sponsor

\$500 – Contribution

(Registration is separate)

- Your company's name will be prominently displayed on one of the tables
- Our master of ceremonies will acknowledge and thank your company for its participation

Delegate Loot Bag

- Include your premium give-away in our delegate loot bag - (300 pieces required)

Door Prize

(Suggested Value - Minimum \$200)

Once payment has been received for sponsorship, our event coordinator will contact you directly to make all necessary arrangements for the display of your company's logo.

THE ASSOCIATION OF DENTAL TECHNOLOGISTS OF ONTARIO:

DentoGala

SATURDAY NOVEMBER 17, 2007
THE BELLAGIO

Please return this request form by mail or fax (905-946-8971) to register for the 2007 DentoGala:

Company Name: _____

Contact: _____

Address: _____

Telephone: (____) _____ - _____

____ Tickets @ \$90 \$_____ (A)

____ Sponsorship @ \$2,500/\$1,000/\$500/other \$_____ (B)

Total Amount Enclosed \$_____ (A+B)

Prize Donation Enclosed (please provide details of product(s)):

Method of payment:

____ Cheque – Made payable to: Association of Dental Technologists of Ontario (ADTO)

____ Visa

____ MasterCard

Card No.: _____ Exp. ____/____

Name on Card: _____

Signature: _____

Please forward payments/donations before Wednesday November 14, 2007 to:

ADTO
7030 Woodbine Avenue, Ste. 500
Markham, Ontario L3R 6G2