



Sponsorship Application Form

At Newell Orthodontics, we are proud to support a variety of educational and community organizations through sponsorship advertising. To submit a sponsorship advertising request, please complete the following Sponsorship Application Form and drop it off at our office, email it to katie@newellorthodontics.com or mail it to:

Newell Orthodontics
Attn: Sponsorship Request
1681 Old Pendergrass Road
Suite 195
Jefferson, GA 30549

Please note that all sponsorship requests require a completed Sponsorship Application Form. Due to other overwhelming number of requests that we receive each year, first priority will be given to patients who are currently in orthodontic treatment, and we ask for your understanding that it is not possible for us to approve all requests that are received.

Please allow at least 2 weeks for a response to your sponsorship request.



Sponsorship Application Form

Date _____

Patient Name _____ Phone # (_____) _____

Your Name (if different from patient) _____

Address _____

Email _____

Patient Treatment Status _____

Organization _____

Type of Sponsorship (please check one) ___ Program ___ Sign ___ Ad
___ Other (PLEASE SPECIFY) _____

Cost & Size of Sponsorship _____

Due Date _____

Who should artwork or ad be emailed to? _____

Who is check payable to? _____

Who should we send check to? _____

Please tell us how you are involved with the organization and why you would like us to sponsor it.

Please attach any pertinent information to this form and drop it off at our office, email to katie@newellorthodontics.com or mail it to:

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