

Sponsorship Application Form

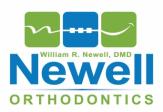
At Newell Orthodontics, we are proud to support a variety of educational and community organizations through our sponsorship program.

To submit a sponsorship request, please complete the following Sponsorship Application Form and drop it off at our office, email it to <u>katie@newellorthodontics.com</u> or mail it to:

Newell Orthodontics Attn: Sponsorship Request 56 Hawkins Lane Jefferson, GA 30549

All sponsorship requests require a completed Sponsorship Application Form, and we ask that you submit your sponsorship request at least <u>4 weeks</u> before your event deadline.

Due to the overwhelming number of requests that we receive, first priority will be given to patients who are currently in orthodontic treatment and in good financial standing, and we ask for your understanding that it is not possible for us to approve all requests that are received.



Sponsorship Application Form

Date Submitted	Due Date
Patient Name	Patient Treatment Status
Your Name (if different from patient) _	
Address	
Phone # ()	
Organization	
Type of Sponsorship (please check on	
Cost of Sponsorship	
Where should we email our logo or art	work?
Who is our check payable to?	
Where should we send our check?	
Please tell us how you are involved sponsor it.	with the organization and why you would like us to

Please attach any sponsor forms or 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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