



## **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 [katie@newellorthodontics.com](mailto:katie@newellorthodontics.com) 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 4 weeks 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 \_\_\_\_\_

Email \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Organization \_\_\_\_\_

Type of Sponsorship (please check one) \_\_\_ Program \_\_\_ Sign \_\_\_ Ad  
\_\_\_ Other (PLEASE SPECIFY) \_\_\_\_\_

Cost of Sponsorship \_\_\_\_\_

Where should we email our logo or artwork? \_\_\_\_\_

Who is our check payable to? \_\_\_\_\_

Where should we send our check? \_\_\_\_\_

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

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Please attach any sponsor forms or pertinent information to this form and drop it off at our office, email to [katie@newellorthodontics.com](mailto:katie@newellorthodontics.com) or mail it to:

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