

SOUTHERN ALAMEDA COUNTY DENTAL SOCIETY



A COMPONENT OF
CALIFORNIA DENTAL ASSOCIATION AND AMERICAN DENTAL ASSOCIATION **ADA**

24301 SOUTHLAND DRIVE, SUITE 309 HAYWARD, CALIFORNIA 94545
(510) 782-5442 FAX (510) 782-5890

January 3, 2012

Dear SACDS Vendors,

The Southern Alameda County Dental Society is pleased to inform you of our Membership Meeting dates for **2012**.

The following events will be open for vendors to attend in **2012**. Space is limited and registrations will be taken on first come first serve basis. The fee is **\$160.00** for a table and dinner. If more than one representative is attending, additional representatives are **\$60.00**. Sponsorships are **\$350** and include 2 representatives and 5 minutes of podium time to address the members. Additional reps are **\$50.00**. Sponsorships are awarded on a first come, first served basis.

Our meeting dates are set, however, due to a Board motion that passed in December we will be changing our regular locations to explore some new venues. The locations and speakers are TBD. However, the dates are set, so mark your calendars. As soon as we have location/speaker info, we will pass it on.

Membership Dinner Meetings 2012

April 17th

May 15th

September 18th

November 20th

(vendors can arrive after 5:30 pm for all meetings)

Meetings must be reregistered and paid for in advance. No walk in registrations will be accepted. Refunds for cancellations will only be given if received one-week prior to date of event. No refunds will be given for no shows.

We look forward to seeing you at our next meeting!

M. Miller

Melinda Miller

Executive Director

mmiller@sacds.org

510-782-5316

Southern Alameda County Dental Society

24301 Southland Dr. Suite 309
Hayward, CA 94545
(510) 782-5316 FAX (510) 782-5890

VENDOR / SPONSOR SPACE REGISTRATION FORM

(All information is required, please be sure to fill in all information.)

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Contact Person: _____

Email Address: _____

Dates / Events Requested _____

Representative(s) Attending (Names) _____

The vendor cost is **\$160.00** for the table and dinner. Each additional representative is **\$60.00**.

Sponsorships are **\$350.00** and include a table, two representatives and 5 minutes of podium/microphone time to address the membership about services, products, etc. Each additional representative is **\$50.00** (*Please note: Sponsorships will be awarded on a first come first served basis!*)

Please fill out the registration form, enclose a check or fill in the charge information below and forward to the Southern Alameda County Dental Society, 24301 Southland Drive, #309, Hayward, CA 94545. If you have any questions please call Melinda Miller at (510) 782-5316 or email to : mmiller@sacds.org

Thank you and we look forward to seeing you!

Please Check: Vendor Sponsor # of Extra Reps _____

Total: \$ _____

Method of Payment: Check Visa MasterCard

If charging, complete the following:

Account No.: _____

Exp. Date: _____ CVC # _____

Billing address: _____ zip _____

Cardholder Signature _____