



Patient Sponsorship Request Form

Dempsey Orthodontics is pleased to support a variety of educational, charitable, and community organizations through sponsorship advertising. To submit a sponsorship request, please complete this application and either fax it to us at (770) 614-6460, email it to us at info@dempseyortho.com or mail it to us at:

Dempsey Orthodontics
Attn: Sponsorship Request
4330 South Lee Street, Building 500
Buford, GA 30518

Please allow 2 weeks for a response

Notes:

1. All requests require a completed application (page 2 of this document)
2. Due to the overwhelming sponsorship and advertising requests we receive, first priority will be given to patients who are currently in orthodontic treatment.
3. While we are pleased to sponsor your organization, we ask for your understanding that it is not possible to approve all requests which we receive. As with any business, we have a marketing budget which dictates how much we can annually spend.

DEMPSEY ORTHODONTICS' SPONSORSHIP APPLICATION

Date: _____

Patient Name: _____ Phone Number: _____

Patient Address: _____

Patient Treatment Status: _____

Organization: _____

Type of Ad available? Program _____ Sign _____ Other _____

Cost and Size of Ad: _____

Due Date: _____

Check Payable to: _____

Send Check/Ad to: _____

Email address to send ad: _____

Comments:

Attach any pertinent information to this form and either fax it to (770) 614-6460, email it to us at
info@dempseyortho.com, or mail it to us at:

Dempsey Orthodontics
Attn: Sponsorship Request
4330 South Lee Street, Building 500
Buford, GA 30518