



SPONSORSHIP REQUEST FORM

EVENT / ORGANIZATION NAME:
EVENT / ORGANIZATION LOCATION:
BENEFITING ORGANIZATION:
NAME OF PERSON ASSOCIATED WITH COMELLA ORTHODONTICS:
CONTACT NAME:
CONTACT PHONE NUMBER:
CONTACT MAILING ADDRESS:
CONTACT MAILING ADDRESS:
\$ AMOUNT BEING REQUESTED:
ARE ADVERTISING OR LOGO GRAPHICS NEEDED WITH THE SPONSORSHIP SUPPORT?:
<i>Date Requested:</i>

Please submit your sponsorship request at least 3 weeks prior to any submission deadline

Email form to: catrina@comellaortho.com Or fax to Comella Orthodontics: (585) 271-7532

For Comella Orthodontics Office Use Only

Request Reviewed By:

Date: