



SPONSORSHIP REQUEST FORM

Howell Orthodontics is pleased to support a variety of educational and community organizations through sponsorship advertising. To submit an advertising request, please complete an "Application" and either fax: 208.846.9005, email: howellortho@yahoo.com, or mail it to:

HOWELL ORTHODONTICS
Attn: Advertising Request
1910 S Meridian Road, Ste. 100
Meridian, ID 83642

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 are received. As with any business, we have an advertising budget that dictates how much we can spend annually.



SPONSORSHIP APPLICATION

Date _____

Patient Name _____ Phone # _____

Patient Address _____

Patient Treatment Status _____

Organization _____

Type of Ad? _____ Program _____ Sign _____ Other (Please Specify)

Cost & Size of Ad _____

Due Date _____ Artwork/Ad e-mailed to: _____

Check Payable to _____

Send Check/Ad to _____

E-mail address to send ad _____

Comments _____

Attach any pertinent information to this form and either fax it to 208.846.9005,
email it to howellortho@yahoo.com, or mail it to:

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