

CE ON THE GEAX SPONSORSHIP

CE ON THE GEAX CONTINUING EDUCATION: \$300

There are 8 sessions available during the three days of the conference. The lecture room will seat 80 theater- style seating. The room will be used for the sole purpose of having exhibitors put on a continuing education course for which attendees would also receive C. E. credit. **This is also an opportunity for you to encourage attendees to visit your exhibit hall booth.**

Standard A/V will be provided in the room, including a LCD projector, screen and wireless lavalier microphone. Additional A/V is at the expense of the sponsoring company.

Selection of time slots is on a first-come, first-serve basis. In order to participate in these sessions your company must be a contracted 2019 Exhibitor with the NODC & LDA Annual Session.

The fee is **\$300.00** to sponsor a CE on the Geaux session.

Please complete the CE on the Geaux form if you are interested in sponsoring a one hour CE session and email it to gina@nodental.org.

CE ON THE GEAUX SPONSORSHIP

NEW ORLEANS DENTAL CONFERENCE & LOUISIANA DENTAL ASSOCIATION ANNUAL SESSION

2121 North Causeway Blvd., Suite 153, Metairie, Louisiana 70001-2878

Phone: (504) 834-6449 • Fax: (504) 838-6909 • E-mail: gina@nodental.org • Website: www.nodc.org

Contact: Gina Brewer, Meetings & Exhibits Coordinator

Conference Date: May 9-11, 2019 • Exhibit Hall Dates: May 9-10, 2019

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The fee is **\$300.00** to sponsor a CE on the Geaux session. Deadline to submit information for the printed registration book is **November 19, 2018**. If the deadline is missed, lecture will be promoted via the Conference website and emails to attendees.

Please complete the information below if interested in sponsoring a one-hour CE on the Geaux.

Please indicate preferred time slot below:					
THURSDAY		8:45 am - 9:45 am	FRIDAY		8:45 am - 9:45 am
		10:15 am - 11:15 am			10:15 am - 11:15 am
		1:45 pm - 2:45 pm			1:45 pm - 2:45 pm
		3:15 pm - 4:15 pm			3:15 pm - 4:15 pm

SPEAKER: _____

TITLE OF SESSION: _____

COMPANY NAME: _____

CONTACT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

CREDIT CARD: _____ EXPIRATION: _____ CVV: _____

AUTHORIZED SIGNATURE: _____ PRINT NAME: _____