

# 25<sup>th</sup> ANNUAL CHARITY CE DENTAL CONFERENCE



Dentists Who Care (DWC), cordially invites you to join us for our 25<sup>th</sup> Annual CE Dental Conference. Every \$1 raised will contribute to our campaign, to help children and adults in RGV. DWC recipient of The Governor's Award for the Best Charity Organization in Texas in 1999, is a non-profit charity organization that was created in 1996 to help address the issue of poor oral health among indigent children of the Rio Grande Valley. DWC's mission is to provide for the dental needs of children and adults who have no dental insurance, no government assistance and no money. This mission is accomplished through the utilization of a Mobile Dental Unit and the award-winning Charity Dental Voucher Program. As one of their fundraising events, **Dentists Who Care will hold its 25<sup>th</sup> Annual Charity CE Dental Conference on South Padre Island October 21-22, 2022, at the Isla Grand Beach Resort.** Approximately 200 to 300 dentists, lab techs, hygienist, dental staff and vendors/exhibitors attend this event, which includes a range of quality speakers from around the country. Join us as we attend CE courses and lay the groundwork for providing charity dental care for 2023. What a great place to visit with your family and connect with friends while enjoying the beautiful beach setting!

For more information updates, visit our website at [www.dentistswhocare.us](http://www.dentistswhocare.us).

## SPONSOR OUR CONFERENCE AND PARTNER



## WITH DENTISTS WHO CARE

For more information, contact Jacqueline Flores or Mary Mendez:

Office: (956) 318-3383

Fax: (956) 467-4776

Email: [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)

# October 21-22, 2022 at Isla Grand Beach Resort





# Community Impact



“Improving and enhancing the quality of life for low-income children and adults in the Rio Grande Valley of Texas through access to oral healthcare”

Your Sponsorship will allow us to continue our positive transformative impact within our community.

## Sponsorship Levels and Benefits

### DIAMOND SPONSOR: \$10,000

- Vendor Booth/Space
- VIP Reception
- Recognition on Printed Materials
- Recognition Banner Displayed at Conference
- Recognition in Attendee Registration Packets
- Verbal Recognition through Announcements in Classes and Events
- Sponsor Information (fliers, etc.) distributed at Conference
- All Conference Registration Fees included
- Sponsorship posted on DWC Website & Facebook Page

### PLATINUM SPONSOR: \$5,000

- Vendor Booth/Space
- VIP Reception
- Recognition Banner Displayed at Conference
- Recognition in Attendee Registration Packets
- Sponsor Information (fliers, etc.) distributed at Conference
- All Conference Registration Fees included
- Sponsorship posted on DWC Website & Facebook Page

### GOLD SPONSOR \$2,500

- VIP Reception
- Recognition in Attendee Registration Packets
- All Conference Registration Fees included
- Sponsorship posted on DWC Website & Facebook Page

### SILVER SPONSOR: \$1,500

- VIP Reception
  - Recognition in Attendee Registration Packets
  - Sponsorship posted on DWC Website & Facebook Page
- Vendor/Booth Space:  
1,000**
- VIP Reception
  - Recognition in Attendee Registration Packets

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*Your sponsorship helps by:*

- \*Encouraging people to get involved in the community*
- \* Promoting your brand (see benefits)*
- \*Supporting a local charity of over 100 motivated dental professionals serving disadvantaged*

**Thank you in advance for your consideration of becoming a conference sponsor!**

**25<sup>th</sup> Annual CE**  
**Charity Dental Conference**  
**Benefiting DWC of RGV**  
**Sponsorship Form 2022**

**Sponsorship Pledge:**

We are honored to pledge our support to Dentists Who Care 2022 at the following level:

___ Diamond	\$10,000	___ Silver	\$1,000
___ Platinum	\$5,000	___ Welcoming Reception	\$2,500
___ Gold	\$2,500		

We will be unable to participate, but please accept this tax-deductible donation for \$ \_\_\_\_\_

Yes, we will also donate an item/gift card(s) for your silent auction/raffle (See attached Donation Form)

**CONTACT INFORMATION:**

Sponsor Name (as it should appear on promotions and press releases): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

**PAYMENT INFORMATION:**

**Make Checks payable to: Dentists Who Care, Inc.**

Individual or Department to be billed: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Bill Now: \_\_\_ Bill Credit Card: \_\_\_ Bill on this date: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_ AMEX \_\_\_ MC \_\_\_ VISA (Check one)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a high-resolution logo for recognition purposes to: [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)

Please return sponsorship form to: Jackie/ Mary

Phone: (956)381-3383 / e-mail: [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)

Mail: 307 E. Railroad Street # 112 Weslaco, TX 78596 / Fax: (956) 467-4776



## 2022 In-kind Donation Form

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physical Address if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Name (as it should appear on press releases): \_\_\_\_\_

Detail item Description (list all items with sizes, colors, dates, quantities, etc.)

1. \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_
2. \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_
3. \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_

Donated items will be ready as of: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

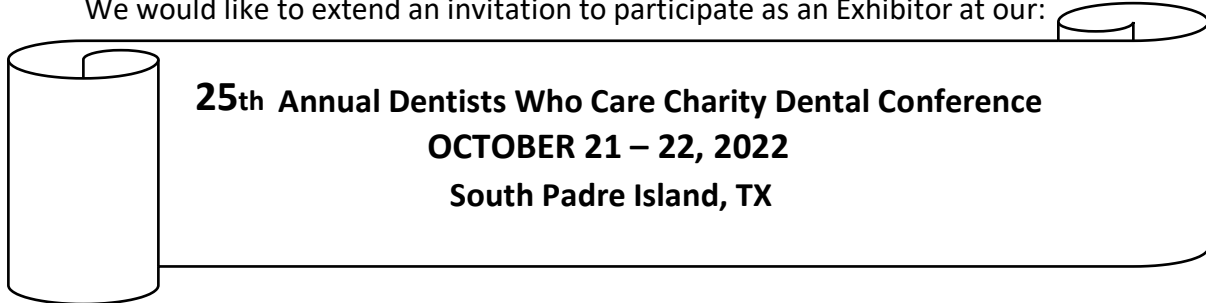
Please provide a high-resolution logo for recognition purposes to: [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)



**TO: ALL DENTAL SUPPLY EXHIBITORS**

**RE: INVITATION TO OUR ANNUAL CHARITY DENTAL CONFERENCE**

We would like to extend an invitation to participate as an Exhibitor at our:



**EXHIBITOR SPACE CONTRACT:**

- **The cost is \$975 per booth. This includes ONE six-foot table; TWO chairs, a tablecloth and an electrical hook up (*please bring your own extension cord*).**
- A copy of your contract and a confirmation will be returned to you as booth space is confirmed.
- **Please Note:** Vendors will not be allowed to ship items more than three (3) days prior to event.

**Agreement:**

By execution of this agreement, Exhibitor agrees to lease space at the **Dentists Who Care. Inc., 25<sup>th</sup> Annual Charity Dental Conference** at Isla Grand Beach Resort on South Padre Island, TX, for a term beginning on **Thursday, October 20, 2022, and ending Saturday, October 22, 2022**, at 12:30 pm. Exhibitor set-up begins on Thursday, October 21, 2022, at 1:00 pm and ends at 5:00 pm. Security is provided by hotel and the exhibitor hall is locked every night.

**LIST OF EXHIBITORS.** We will have a card with all the exhibitors listed that will be given to each attendee. They are asked to have each exhibitor sign next to his/her name. When complete, the attendee will be eligible to place in a drawing for a prize at the end of the conference.

All contracts and payments are due by **Friday, September 17, 2022.**

## Payment Information:

- Credit cards and checks are accepted.
- Please make checks payable to: **Dentists Who Care, Inc.**
- Credit card information can be provided by mail, phone, e-mail or fax.

Dentists Who Care, Inc.: Office:(956) 318-3383  
307 E. Railroad Street #112 Fax: (956) 467-4776  
Weslaco, TX 78596

E-mail: Mary/Jackie at [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)

Individual or Department to be billed: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Bill Now: \_\_\_ Bill Credit Card: \_\_\_ Bill on this date: \_\_\_\_\_ Total amount to be billed: \$ \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_  AMEX  MC  VISA (check one)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBITOR SPACE INFORMATION**

**Contact Information: (Please Print)**

**List Exhibitor name or Company name as it should appear on promotions and press release.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**List below the person who should receive all future instructions and exhibit information IF DIFFERENT from person listed above.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List below the person(s) who will be representing your company at the conference. Please print name just as you want it to appear on nametag.

1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*Attention\*\*:**

***A donation of a silent auction item is appreciated. The item can be in the form of dental usage: small appliance, and gift basket or gift card. Thank you for your support!***

Donor Name: (as it should appear on press releases): \_\_\_\_\_

Please list detailed item(s) below with sizes, colors, quantities, and a photo of the item. Along with an estimate value \$ of item that will be donated for our Silent Auction. Thank you!

1. \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_

2. \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_

3. \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_

Donated item will be ready as of: \_\_\_\_\_

**Please provide a high-resolution logo for recognition purposes to: [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)**

**For more information, please contact:**

**Jacqueline Flores**

Executive Director

Dentists Who Care

email:

[dentistswhocare.jackie@gmail.com](mailto:dentistswhocare.jackie@gmail.com) or [dentistswhocare@gmail.com](mailto:dentistswhocare@gmail.com)

- Office: (956) 318-3383