

**Medical University of South Carolina
James B. Edwards College of Dental Medicine
ASDA Sponsorship Form**

Sponsor Name: _____	Date: _____
----------------------------	--------------------

Contact Information

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Type of Event(s)

- ASDA Lunch & Learn** (sponsorship amount varies among dental class)

Topic:

Preferred Dates: (12-12:50PM, M-F)

- 1.
- 2.
- 3.

Target Audience:

- D1- First Year (\$700)
 - D2- Second Year (\$700)
 - D3- Third Year (\$600)
 - D4- Fourth Year (\$600)
-

- ASDA Light & Loupe Fair (\$1000/table)**

Date: TBD | Time:TBD

- ASDA Vendor Fair (\$1000/table)**

Date: February 21st, 2025 | Time: 9AM-12PM

more sponsorship opportunities continued on the next page >>

**Medical University of South Carolina
James B. Edwards College of Dental Medicine
ASDA Sponsorship Form**

Type of Event(s) *continued*

- Off-Campus Networking Event/After Hours Social**
 MUSC ASDA will assist in coordination of the event. Sponsor will be responsible for planning and all costs incurred.
-

- ASDA "Prophy Cup" Golf Tournament**
Date: TBD | Time: TBD

Sponsor a Hole:

Sponsors get their name/logo on a hole sign out on the Prophy Cup course

- 1 Hole (\$250)- 1 logo sign
 2 Holes (\$500)- 2 logo signs
 4 Holes (\$1000)- 4 logo signs **plus** complimentary 4 person team entry
-

Total Sponsor Amount: \$ _____

Sponsorship form approval per:

Katy Burt

Director of Student Life & Engagement
Office Manager
Office of Academic & Student Life Affairs
Basic Science Building, Suite 443
(843)-792-7689

Checks can be sent to:

South Carolina ASDA
MUSC College of Dental Medicine- Office of Academic Affairs
173 Ashley Avenue- Room 443
Charleston, SC 29425

OR

Venmo: @MUSCASDA

*Thank you for supporting MUSC James B. Edwards College of Dental Medicine's
American Student Dental Association Chapter.*