

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

Sponsor: _____

Address: _____

Contact Information:

Name: _____

Email: _____

Phone: _____

Topic:

Event(s) you wish to sponsor:

ASDA - Lunch and Learns

D1 - First Year (\$700)

D4 - Fourth Year (\$600)

D2 - Second Year (\$600)

D3 - Third Year (\$600)

Preferred Dates:

<u><i>1st</i></u>	
<u><i>2nd</i></u>	
<u><i>3rd</i></u>	

ASDA - Light & Loupe Fair

\$600 per vendor

ASDA - Vendor Fair

\$795 per vendor

Sponsorship form approval per **Katy Burt**: Director of Student Life and Engagement, Office Manager, Office of Academic and Student Affairs, Basic Science Suite 443, **843-792-7689**