



Dr. Parsons & Dr. Gilbert, Orthodontics

Patient Advertising Request Form

SmilesForever 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 it to 770-963-2383 or mail it to:

SmilesForever Orthodontics
Attn: Advertising Request
2148 Duluth Hwy, St 101
Duluth, GA 30097

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 we receive. As with any business, we have an advertising budget which dictates how much we can annually spend.

SMILESFOREVER ORTHODONTICS SPONSORSHIP APPLICATION

Date _____

Patient Name _____ Phone # _____

Patient Address _____

Patient Treatment Status _____

Organization _____

Type of Ad available? _____ Program _____ Sign _____ Other

Cost & Size of Ad _____

Due Date _____

Check Payable to _____

Send Check/Ad to _____

Email address to send ad _____

Comments _____

Attach any pertinent information to this form and either fax it to 770-963-2383 or mail it to:

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