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  
2282 Meadow Church Road, St 100  
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 actually 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 ________________________________________________

E-mail Address to send Ad _________________________________________

Comments ______________________________________________________

________________________________________________________________

________________________________________________________________

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

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