

1300SMILES DENTISTS

Sponsorship Application Form	
Applicant	Date
Sponsorship or Event	
Location of Event	
Contact Details	Name: Phone: Email:
Sponsorship Start Date	Sponsorship End Date
Funding Requested (financial and non-financial)	
Audience Details - including estimated numbers	
Numbers of tickets available to 1300SMILES staff and guests	
Details of any previous sponsorship of the applicant or event by 1300SMILES	
Other sponsors involved	
Applicant's objectives	
Proposed benefits for 1300SMILES	
How the event is being promoted	
Marketing Requirements - Please outline what is required from the marketing department including any artwork. Please note any use of the 1300SMILES logo must be approved by the marketing department, and any approval will be limited to the specific event and may be withdrawn by 1300SMILES at any time.	
Requirements	
Date by which approval is sought	
Office Use	
Date Received	
Approved / Declined	
Applicant Advised	