

# GREATER HOUSTON DENTAL SOCIETY

2024 PARTNER

**OPPORTUNITIES** 

# **2024 GHDS Partner Opportunities**

Each year, the Greater Houston Dental Society hosts a variety of well received activities, including Member Meetings, Membership/New Dentist activities, Diversity & Inclusion activities, as well as, Online Education programs.

The Society invites you to become a GHDS Partner in 2024. As a GHDS Partner, your support not only helps us enhance our programs and activities but it provides you with the opportunity to enhance your company's awareness by showcasing your products and services to our members. You can choose to support one or all GHDS activities listed below.

We hope that we can count on your support by becoming a 2024 GHDS Partner!

### **GHDS MEMBER MEETINGS/EVENTS**

February 8, May 9, September 19, and November 7

The GHDS hosts four member meetings annually. Each meeting attracts 40 – 60 attendees.

Partners receive the following benefits:

- Complimentary meal for company representative (Social may only include hors d' oeuvres)
- Table/space at meeting to display company information (NOTE: based on location, individual tables may not be available)
- Opportunity to present a brief (1 minute) company introduction (NOTE: except at the May Meeting due to format)
- Recognition on all marketing for the meeting
- Logo and link to company website placed on GHDS website
- List of meeting attendees

## DIVERSITY & INCLUSION

October - TBD

**Recruitment & Networking Event -** The GHDS supports the different identities, beliefs and perspectives of its diverse membership, leadership and workforce and each year offers a Diversity & Inclusion Social. The D&I Social attracts approximately 50 attendees.

Partners receive the following package of benefits:

- One complimentary meal for company representative (may only be hors d' oeuvres)
- Opportunity to present a brief (1 minute maximum) company overview.
- Recognition on all marketing
- Logo and Link to company website placed on GHDS website
- List of meeting attendees

# **ONLINE EDUCATION**

February 16 – OSHA Annual Training, April 26, HIPAA Training, August 16 – OSHA Compliance Training, October 18 – OSHA Annual Training

GHDS hosts several online educational programs that include OSHA and HIPAA Training. These educational programs are held online via Zoom and can attract up to 50 attendees.

Partners receive the following package of benefits:

- One-page marketing flyer emailed to meeting attendees
- Partner Introduction, prior to start of meeting
- Recognition on all meeting marketing
- Logo and link to company website placed on GHDS website
- List of meeting attendees (name and address only)

### **NEW DENTIST ACTIVITIES**

March 21, August 26, October 24

GHDS hosts three New Dentist meetings/events annually. Participation level for each meeting/event is indicated below.

- New Dentist CE offers educational opportunities targeted to New Dentists. Attract 30-40 attendees.
- New Dentist CE Panel Offers educational opportunities showcasing local experts who share expertise on emerging business topics related to dentistry. CE Panels attract 30 – 40 attendees.
- New Grad Event offers networking opportunities targeted to GHDS new graduate members. Attracts 30-40 attendees.

Partners receive the following package of benefits:

- One complimentary meal for company representative (may be hors d' oeuvres only)
- Introduction/opportunity to present a brief (1 minute maximum) company overview
- Recognition on all marketing
- Logo and Link to company website placed on GHDS website
- List of meeting attendees (name and address only)

### **GENERAL INFORMATION**

- No more than two competing companies will be allowed at each General Meeting.
- Competing companies will not be allowed to participate in New Dentist or Diversity & Inclusion Activities and Online Education.
- Partner contracts will be accepted on a first come first served basis.

To receive recognition on printed promotional materials (meeting notices and website), proper payment must be received at the time the contract is submitted. The deadline for receiving recognition on the electronic registration form, printed/mailed material and in the GHDS Journal is 60 days before the event.

Additional information regarding meeting/event location, etc., will be emailed to Partners one to two weeks before the event.

Need More Information: Contact Charlotte Bolls at 713-961-4337, ext. 108 or cbolls@ghds.org.

# **2024 GHDS Partner Agreement**

Please indicate your Partner choice for each meeting/activity listed below. Opportunities are based on a first paid/first choice basis.

PLEASE INDICATE PARTNER OPPORTUNITIES BELOW				
MEMBER MEETINGS	FEE	# of Opportunities Available		
February 8 Member Meeting – Vendor Crawl	\$600	8	\$	
May 9 Member Meeting /Installation of Officers	\$750	6	\$	
September 19 – Member Meeting	\$750	6	\$	
November 7 – Member Meting	\$750	6 \$		
General Meetings Package (Febr, May, Sept & Nov)	\$2,565	6 \$		
NEW DENTIST ACTIVITIES	FEE	# of Opportunities Available		
CE – March	\$750	4		
CE Panel – August	\$750	4		
New Grad Event - October	\$750	4		
New Dentist Activities Package	\$2,025	4		
DIVERSITY AND INCLUSION ACTIVITIES	FEE	# of Opportunities Available		
Recruitment and Networking Event - October	\$750	6 \$		
ONLINE COMPLIANCE EDUCATION	FEE	# of Opportunities Available		
OSHA Update – February	\$250	2 \$		
HIPAA – April	\$250	2		
OSHA Compliance – August	\$250	2	\$	
OSHA Update – October	\$250	2	\$	
Online Compliance Education Meetings Package	\$900	2	\$	
		TOTAL	\$	

<u>CONDITIONS FOR SUPPORT OF CDE ACTIVITIES</u> – The above company agrees to provide support for the continuing education (CDE) activities noted above by means of an unrestricted educational grant, support for catering, and/or in-kind support such as donation or loan of equipment or supplies. By signing below, I have read and understand the above statement and agree that the funds that I am providing are unrestricted.

#### **PAYMENT METHOD** (Please select preferred payment method below)

□ Credit Card: □ Mastercard/Visa □ American Express (NOTE: If paying by credit card, an online invoice will be sent to the email listed below) □ Check: (Make checks payable to the Greater Houston Dental Society and mail to address below)

Company Name:	Product/Service:				
Company Primary Contact:	Contact Phone#:				
Contact Email:	c	ompany Address:			
City:	State:	Zip code:	Website:		

By executing this agreement, I have applied to the Greater Houston Dental Society (GHDS) for Partner Opportunities as indicated above. I acknowledge that if I cancel this agreement prior to any marketing being accomplished Partner will receive a refund, less a 25% Administrative Fee. Once any marketing has begun no refund will be issued.

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

Date