



3600 Pegasus Dr, Unit 6, Bakersfield, CA 93308
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Contract: KCDS Continuing Education Sponsor

2020 Exhibiting at our Events:

By participating as a sponsor at one of our all day continuing education events, you have the opportunity to meet face to face with 10-30 member dentists in Kern County. This is your chance to promote your company and products in person. *All sponsors are subject to review and final approval by our CE Committee.*

KCDS 2020 CE Events Calendar

Jan 24, 2020	<i>Infection Control, Dental Practice Act, OSHA Compliance with Leslie Canham, RDA,(repeats in July)</i>
Feb 21, 2020	<i>All Together Now: The Oral Systemic Connection & Cracking Periodontal Codes w/Class: Diagnostic Decisions with Katrina Sanders, RDH, BSDH, M.Ed, RF</i>
Mar 20, 2020	<i>Smile Design for the Dental Team with Hugh Flax, DDS, AAACE, FICOI</i>
Apr 24, 2020	<i>Diabetes & Oral Care; Vaping and Systemic Effects and Caring for the Geriatric Population with Jamie Collins, RDH</i>
July 24, 2020	<i>Infection Control, Dental Practice Act, OSHA Compliance with Leslie Canham, RDA (repeat of Jan)</i>
Sept 25, 2020	<i>Diagnostically Driven Technologies & Their Essential Role in Advanced Concepts in Restorative Direct and Indirect Dentistry with Lou Graham, DDS</i>
Oct 23, 2020	<i>Building Your Practice With Implants: Enhancing Diagnosis, Placement, Cementation and Marketing with Sam Halabo, DMD</i>

Our Sponsorship Guidelines

- ✓ Platinum- \$1800 *Only 3 available*
- Exhibitor space provided for 7 meetings
- Company name will appear on banner on front page of website for a year
- ✓ Gold- \$1,000
- Exhibitor space provided for 5 meetings
- Company name will appear on website under the preferred vendor listing
- ✓ Silver- \$500
- Exhibitor space provided for 2 meetings
- Company name will appear on website under the preferred vendor listing

The January, February, March, April, July, September, and October meetings run from 8:30 a.m. - 3:00 p.m. with setup taking place at 7:15 a.m. Sponsors are welcome to enjoy all meals at events.

Company Name: _____

Contact Person: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please bill my MasterCard _____ Visa _____ (Sorry, no Amex) Total Amt: \$ _____

Card Number: _____ Exp Date: _____ Security Code: _____

Or make check payable to KCDS and send to: 3600 Pegasus Dr Unit 6, Bakersfield, CA 93308

I understand and agree to the above terms.

Signature: _____ Date: _____