



## Subscribing Sponsor Application

Complete the form below and mail or fax the form to the Minnesota Dental Association. A staff member will contact you to discuss sponsorship rates and payment options.

Sponsor name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Choose a user name: \_\_\_\_\_  
(maximum of 9 alpha/numeric characters)

CERP Approved?    Y    N

PACE Approved?    Y    N

Approximately how many professional development events do you anticipate \_\_\_\_\_ 1-2 \_\_\_\_\_ 3 or more per year?

**Mail to:**  
Minnesota Dental Association  
Attn: CE TRACK  
2236 Marshall Avenue Suite 200  
Saint Paul, Minnesota 55104

**Fax to:**  
651-646-8246

**Questions?**  
Phone: 651.646.7454  
Toll Free: 800.950.3368  
E-mail: ce-track@mndental.org



Website

MDA USE ONLY