10e CONGRÈS DENTAIRE DE L'OUTAOUAIS 2025

Organisateur officiel — Agence dentaire de l'Outaouais

Partner Agreement Form 2025

Saturday, November 15, 2025

The Palais des congrès de Gatineau

Company name

Address

City | State | ZIP Code

Responsible person | Title

Phone | Post | E-mail

Correspondence language | French ☐ | English ☐

Main Product Exhibited
(Only the sale of materials or products by credit card or purchase order is permitted)

Name of the representatives who will be present at the congress
2 people per booth (Bronze and Silver) – 4 people per booth (Gold)

1 | 3

2 | 4

Select Your Sponsorship Option:	Investment
☐ Gold Partner	4 700 $ + Tx
☐ Silver Partner	3 650 $ + Tx
☐ Bronze Partner	2 650 $ + Tx
☐ Community Partner (NPOs and small vendors)	To be discussed
☐ Scientific Conference Partner (without booth)	To be discussed
☐ Scientific Conference Partner + Preferred Booth	2 000 $ + Tx
☐ Promotional Insertion	850 $ + Tx
☐ Break Sponsor:	
☐ Breakfast	1 200 $ + Tx
☐ Lunch	1 200 $ + Tx
☐ Health Break AM	800 $ + Tx
☐ Health Break PM	800 $ + Tx
☐ Closing cocktail	1 200 $ + Tx
☐ Advertisement in the Final Program:	
☐ Full page	690 $ + Tx
☐ 1/2 page	420 $ + Tx
☐ 1/4 page	320 $ + Tx
☐ Exhibitor Passport Sponsor	1 500 $ + Tx
☐ Prize Sponsor	To be discussed

Payment Method

☐ Interac e-Transfer to:
info@dentoutaouais.ca
☐ Cheque in Canadian funds payable to:
Agence dentaire de l'Outaouais
☐ Credit Card Payment:
www.congres.agencedentaire.com

Please return this completed and signed form with your payment by September 30, 2025.

By Mail:
Agence dentaire de l'Outaouais
139, rue de La Sève
Gatineau, QC J8V 4A8
By Email : info@dentoutaouais.ca

☐ We acknowledge having read and understood the above terms and conditions, and agree to comply.

☐ Please subscribe us to the Congress email newsletter.

Signature _____

Location _____ Date _____