



11^e CONGRÈS DENTAIRE DE L'OUTAOUAIS 2026

Organisateur officiel



Agence dentaire de l'Outaouais

2026 Partnership Agreement Form

Saturday, October 17, 2026 | 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 _____

Indicate your selected partnership option:

- Gold Partner
- Silver Partner
- Bronze Partner
- Community Partner (Non-profit organizations and small suppliers)

Scientific Program Lecture Partner (no booth)

Preferred booth for Scientific Lecture Partner

Promotional Insert

Break Sponsor

Breakfast

Lunch

Health Break AM

Health Break PM

Closing Cocktail

Advertising in the Final Program

1 page

1/2 page

1/4 page

Exhibitors Passport Sponsor

Attendance Prize Sponsor

Investment

4 850 \$ + Tx

3 750 \$ + Tx

2 650 \$ + Tx

To be discussed

To be discussed

2 000 \$ + Tx

950 \$ + Tx

1 250 \$ + Tx

1 250 \$ + Tx

850 \$ + Tx

850 \$ + Tx

1 250 \$ + Tx

700 \$ + Tx

450 \$ + Tx

320 \$ + Tx

1 500 \$ + Tx

To be discussed

Payment Method

Interac e-Transfer to:

info@dentoutaouais.ca

Cheque in Canadian currency payable to:

Agence dentaire de l'Outaouais

Credit card payment:

www.congres.agencedentaire.com

Please return this completed and signed form with your payment before August 31, 2026.

By mail:

Agence dentaire de l'Outaouais

139, rue de La Sève

Gatineau, QC J8V 4A8

By email: info@dentoutaouais.ca

We confirm that we have read the above terms and conditions and agree to comply with them.

We wish to subscribe to the Congress electronic newsletter mailing list.

Signature _____

Place _____ Date _____