

YORK REGION DENTAL SOCIETY
& _____
2017/2018 CO-OPERATION AGREEMENT

This Cooperation Agreement between the York Region Dental Society (YRDS) and _____ outlines how the parties will work together to pursue mutual goals. It includes a description of the program for which _____ will provide funding, messaging carried out by the YRDS, and other terms.

COOPERATION GOALS

- To actively work together to educate dentists in York Region;
- To help _____ connect more with dentists in York Region.

TERM

This Agreement is for a one-year term, commencing on *September 1, 2017* and expiring on *August 31, 2018*. Any subsequent agreements will be based on negotiations between the parties.

FINANCIAL COMMITMENT

_____ will provide the YRDS with \$4000.00 Canadian. The funding will be provided by _____ by August 31, 2017.

Cheques can be made payable to the **York Region Dental Society** and mailed to

Dr Kiran Atwal
Green Lane Dental
18130 Yonge Street, Unit G4
East Gwillimbury, ON L9N 0J3.

PLATINUM LEVEL DESCRIPTION

YRDS Lecture Series

The YRDS will be hosting 2 evening lectures and one full day lecture in 2016-2017, at the Sheraton Parkway in Richmond Hill.

Evening Lecture: Thursday, October 12, 2017
Evening Lecture : Thursday, February 22, 2018
Full Day Lecture: Friday, April 6, 2018

B) Commercial Support

_____ will receive 2 tickets to each of the 3 lectures – lunch or dinner is also provided. _____ can have a display table set up outside of the lecture hall.

_____ will have exclusivity within your field of expertise. No other sponsor within your field will be sponsoring these events. _____ will have a 5 minute presentation at one of the evening lectures as chosen by YRDS. You may also pass out business cards at the 2 evening lectures.

Acknowledgement of _____ will be announced at the two evening lectures. In acknowledgement of _____, only the company name will be used. The use of product names is strictly prohibited.

X
Title
York Region Dental Society

X
Title

Date:

Date: