

# 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. Naveen Verma  
Urban Dental  
2901 Eglinton Ave W  
Mississauga, ON, L5M 6J3.

## PLATINUM LEVEL DESCRIPTION

### ***YRDS Lecture Series***

The YRDS will be hosting 2 evening lectures and one full day lecture in 2017-2018, 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  
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Date:

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Date: