

# Celebrity Orthodontics Sponsorship Program



*Celebrity*  
**ORTHODONTICS**

\*TYPE OR PRINT ALL

\*DO NOT WRITE ON BACK OF APPLICATION

Date: \_\_\_\_\_

Requesting Agency/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

How did you hear about Celebrity Orthodontics Sponsorship Program?

\_\_\_\_\_

Tell us about your program (please attach any pertinent program information, flyers, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please send all requests to:**

**Celebrity Orthodontics  
Attn: Sponsorship Coordinator  
3020 Matlock Rd. Suite 120  
Arlington, TX 76015**

**Fax (817) 466-7107**

**info@celebrityortho.com**