

**Collins Orthodontics
Sponsorship Program**



***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 Collins Orthodontics Sponsorship Program?

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

Please send all requests to:

**Collins Orthodontics
Attn: Sponsorship Coordinator
1340 Salem Road SW
Rochester, MN 55902**

Fax (866) 673-4514 info@rochesterorthodontics.com