San Mateo County
DENTAL SOCIETY
SERVING DENTAL PRACTITIONERS ACROSS OUR COUNTY
939 Laurel St., Suite C • San Carlos • CA • 94070
650.637.1121 • fax 650.649.2980 • info@smcds.com

INVOICE: SMCDS-000-000

DATE: January 1, 2026

DUE DATE: Upon Receipt

BILL TO:

Company

Cell: 650.123.4567

12-MONTH CUSTOM BUSINESS MEMBERSHIP

Term: January 1, 2026 – December 31, 2026

Description	Amount
Custom Business Membership Package	$3,500.00

Total Due: $3,500.00

INCLUDED BENEFITS (Total Value: $5,130)

You receive over $5,130 in value for just $3,500 — exclusive to SMCDS Business Members.

Benefit	Value	Preferred Dates (If Applicable)
Half Page Ad in 4 Issues of The Mouthpiece (Circulation: 675 members + 155 non-member dentists)	$1,480	N/A
Exhibit Table at 2 Full Day Symposiums	$1,700	May 2, Oct 24
Exhibit Table at 2 General Membership Meetings	$750	Mar 18, Nov 18
1 Study Club Sponsorships (25 attendees each)	$300	TBD
Website Homepage Slideshow Ad (Rotating banner)	$500	N/A
Preferred Business Listing in Online Directory (Includes website link + "Preferred" status)	$400	N/A

SMCDS BUSINESS MEMBERSHIP BENEFITS & PRIVILEGES

✅ Be promoted as a Preferred Business in all SMCDS materials

✅ Gain direct access to over 675 dentists in San Mateo County

✅ Receive exclusive advertising & sponsorship opportunities

✅ Be invited to write articles, host events, and co-develop CE programs

✅ Use our seminar room and updated mailing list (subject to approval)

PAYMENT INSTRUCTIONS

Please remit payment to:

San Mateo County Dental Society

939 Laurel St., Suite C

San Carlos, CA 94070

Payment methods accepted: Check or Online (details available upon request)

IMPORTANT NOTES & TERMS

* Tax ID: San Mateo County Dental Society is a 501(c)(3) nonprofit. Tax ID available upon request.

* Refunds: Custom business memberships are non-refundable and non-transferable unless otherwise agreed in writing by SMCDS.

* Preferred Listing Disclaimer: Listing as a "Preferred Business" does not imply official endorsement by SMCDS.

* Privacy: Use of member mailing list is subject to SMCDS privacy policy and prior approval.

AUTHORIZATION

Please sign below or confirm via email that you accept the terms of this invoice.

Authorized Representative	Date
_____	_____

Payment of this invoice also constitutes acceptance of the terms outlined above.