

# **FRY ORTHODONTIC SPECIALISTS**

## Sponsorship Request Form

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

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

Contact: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

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

Tell us about your program or sponsorship request. *(Please attach any pertinent program information, flyers, etc.):*

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### **Mail or Email to:**

Fry Orthodontic Specialists  
Attn: Carrie Vaughn  
11940 Quivira Road  
Overland Park, Kansas 66213  
Phone: 913-951-8989  
Fax: 913-469-6491  
sponsorships@fryorthodontics.com