



## MCDS WEBSITE HYPERLINK CONTRACT

By signature below, \_\_\_\_\_ (Corporation's Name) enters into an agreement that in receipt of payment in the amount of \$150 to the Marin County Dental Society (hereinafter "MCDS", a hyperlink to the corporate website noted bellow will appear in the "Sponsors" tab of the Home Page section of the MCDS website for a period of 3 months OR \$500 for one (1) year, from \_\_\_\_ through \_\_\_\_\_. It is understood that the hyperlink is non-exclusive, and that MCDS will not in any way imply or infer, on the MCDS website or in any advertisements or promotions, that the link is in any way to be construed as an endorsement or sponsorship. It is further understood that the MCDS website will post a disclaimer stating that the link is for informational purposes only. Such disclaimer reads as follows:

*"Our website is intended to supply general information to the public. All hyperlinks leading off of this site should not be construed as an endorsement of any person or company. Any texts/articles posted here are not intended to provide medical advice or opinion. These articles are provided as a service and are general in nature. Contact competent physicians for advice related to your specific situation. Neither affiliates, our associates, nor we make any guarantee, express or implied, of the quality, fitness, performance or results of use of the information, products, nor services found in the following sites/references. The following links are placed as a public service for the convenience of the individual Internet user and may be withdrawn for any reason at any time without notification."*

**The undersigned agrees to the terms of this agreement on behalf of his/her organization or business and is authorized by said entity to sign legal agreements.**

On behalf of the client:

Name of Company: \_\_\_\_\_

Company's Hyperlink Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

On behalf of Marin County Dental Society: [www.mcdsweb.org](http://www.mcdsweb.org); [exec@mcdsweb.org](mailto:exec@mcdsweb.org);

Name: \_\_\_\_\_ Title: Executive Director

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

**Please complete, sign and return/fax (415.472.7894) with check/credit card information made payable to:  
Marin County Dental Society, 175 N. Redwood Dr., Ste 130, San Rafael, CA 94903**

Credit Card No. _____	<input type="checkbox"/> MC	<input type="checkbox"/> Visa	Exp. Date: _____
3 digit security # _____			