

## **DISTRICT COLLABORATED EVENT AGREEMENT**

This agreement outlines the rules and expectations for events co-hosted by more than one District Dental Society of Massachusetts. One District Dental Society will be designated as the “Primary District” and will be referred to as such throughout the agreement. All other participating District Dental Societies will be identified as “Other District(s)”.

### **SECTION I: CONTRACTS**

The District Chair of the Primary District will be responsible for signing all contracts related to the event. While the Other District Chairs will receive copies of the contract, they will not be required to sign. However, despite only the Primary District Chair signing the contract, all participating Districts will be collectively responsible for fulfilling their respective financial and logistical obligations as outlined in the agreement.

### **SECTION II: FINANCE**

#### **Revenue and Expenses**

All revenue and expenses will be processed through the Primary District's cash accounts, with approval required from both the Primary District's Treasurer and the Treasurer(s) of the Other District(s).

At the conclusion of the event, once all financial transactions have been settled, the income or deficit will be divided equally among the participating Districts, regardless of each District's membership count. Fund transfers will be made accordingly.

A reconciliation statement will be provided to all District Chairs and District Treasurers once all funds are accounted for. Any additional revenue or expenses received afterward will be distributed equally between the Primary District and the Other District(s).

#### **Registration & Sponsorships**

All registration and sponsorship payments are to be made payable to the Primary District. Attendees registering online must only use the Primary District's registration portal. The Other Districts are not permitted to use their own registration portals for the same event.

CEU                  Social                  Other

\_\_\_\_\_  
EVENT    *(Check one)*

\_\_\_\_\_  
EVENT DATE

\_\_\_\_\_  
PRIMARY DISTRICT

<hr/> Primary District Chair	<hr/> Primary District Chair Signature	<hr/> Date
<hr/> Other District Chair	<hr/> Other District Chair Signature	<hr/> Date
<hr/> Other District Chair	<hr/> Other District Chair Signature	<hr/> Date

By signing the above, you confirm your agreement to the terms and conditions outlined in this contract and acknowledge that you have had the opportunity to review the contract before signing.