

Circle of Friends Participation Agreement

Select Level of Participation – Levels are defined on this web site. Participants will be listed in all advertising materials, including IMS Bulletin, event recognition, and office meetings signage. Size and placement of name and/or logo are determined by level of contribution.

- Platinum** **\$4000 Annual Fee**
- Gold** **\$3000 Annual Fee**
- Silver** **\$1500 Annual Fee**

Agreement Information

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web Address: _____

PAYMENT Preference

- By check in the amount of \$_____, made payable to **Indianapolis Medical Society**.
- By VISA or MasterCard ONLY, please complete the following:

Credit Card (*circle one*): VISA MasterCard YES_____ NO_____

Credit Card # _____ **Exp. Date:** _____

Amount \$ _____ **Name on Card:** _____

Signature: _____ **Date Signed:** _____

Company Name: _____

Event Selection

Please select the events you prefer to attend. Updates and changes will be accepted throughout the year. **Platinum members are invited to ALL events.** Gold members select six events. Silver members select three events. Dates may be subject to change.

Special Event (*only available at Platinum Level*)

- Occasionally, IMS hosts a special event.

Scheduled Events (*events and dates are subject to change*)

- Presidential Inaugural*
- 7th District Meeting*
- IMS Board Meeting _____ date
- IMS Executive Committee – materials only
- 7th District Quarterly Breakfast
- Alliance Event
- Women in Medicine Event

Authorized Signature: _____ **Date:** _____

By signing this document, the person above agrees to the terms of membership in the IMS Circle of Friends and is doing so with the authority of his or her company.

Send Completed Application and Payment

Via Fax (with credit card only):

IMS Circle of Friends

ATTN: Beverly Hurt, IMS EVP

FAX: 317-262-5609

Via U.S. Mail:
IMS Circle of Friends
Indianapolis Medical Society
631 E. New York St.
Indianapolis, IN 46202-3706

Questions about advertising or the CoF contract? Contact Marcia Hadley at mhadley@imsonline.org or call 317-639-3406. For detailed information about the events, contact Beverly Hurt, EVP, at bhurt@imsonline.org

IMS Approved:_____ Date:_____

Questions about advertising or the CoF contract? Contact Marcia Hadley at mhadley@imsonline.org or call 317-639-3406. For detailed information about the events, contact Beverly Hurt, EVP, at bhurt@imsonline.org