

# IMS Circle of Friends Application

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## VENDOR INFORMATION

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Vendor \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Website \_\_\_\_\_

## PRODUCT/SERVICE INFORMATION

Name of Product/Service

\_\_\_\_\_

Nature of Product/Service

\_\_\_\_\_

Company History, including dates

\_\_\_\_\_

What is the benefit to IMS members?

\_\_\_\_\_

\_\_\_\_\_

Will IMS receive non-dues revenue based on participation? (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

Is your product available to others? (If yes, who?)

\_\_\_\_\_

\_\_\_\_\_

What is the special IMS Member Price/Discount Percentage?

\_\_\_\_\_

Can your product be purchased at this special price elsewhere? (If yes, where?  
Be sure to list any other medical societies)

\_\_\_\_\_

\_\_\_\_\_

How would IMS members use your product/service?

\_\_\_\_\_

\_\_\_\_\_

How does your product/service differ from your competitors?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## MARKETING STRATEGY

(All marketing must be approved by the IMS)

Target Audience (physicians, office staff or other)

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Direct Mail Strategy (include frequency)

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Email Strategy (include frequency)

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Advertising in IMS publications (include frequency)

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Other Strategies (include frequency)

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## REFERENCES

List three references below

Contact name	Company	Address	Phone
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## OTHER INFORMATION

Please attach additional information, (e.g. company history, reputation, quality, etc), that you wish to provide.

## SIGNATURE

I have completed the IMS Circle of Friends Application and understand the decision of the IMS is final.

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

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Printed Name \_\_\_\_\_ Title \_\_\_\_\_

## SUBMISSION INFORMATION

Return the completed application to IMS, Circle of Friends, 631 E. New York St., Indianapolis, IN, 46202-3706. For more information, contact Marcia Hadley or Beverly Hurt at 317-639-3406 or email [ims@imsonline.org](mailto:ims@imsonline.org)

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IMS Approvals:

Signature	Date
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Printed Name	Title
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Signature	Date
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Printed Name	Title
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Signature	Date
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Printed Name	Title
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