

IMS Circle of Friends Inquiry

VENDOR INFORMATION

Contact person _____ Title _____

Vendor _____

Address _____

Phone _____ Fax _____

E-mail _____ Website _____

PRODUCT/SERVICE INFORMATION

Name of Product/Service

Nature of Product/Service

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

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

What is the special IMS Member Price/Discount Percentage?

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

Date of Contact: _____

Received by: _____

Fax: (317) 262-5609 or email mhadley@imsonline.org

IMS Approvals:

Signature _____ Date _____

Printed Name _____ Title _____