



PCMS Circle of Friends Application and Participation Agreement



Submission Instructions

- 1) Complete pages 1 & 2 of Application and Participation Agreement.
- 2) Sign Application and Participation Agreement on Page 2
- 3) Submit Application and Participation Agreement with payment
- 4) Send logo, tagline, contact information and 50-word company description to *pcms@pcms.org*

Application will then be reviewed and the contact person below notified via email of status. Board reviews are the second Tuesday of every month at the Executive Council meeting.

Select Level of Participation

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Platinum Level
\$8,000 Annual Fee | <input type="checkbox"/> Gold Level
\$5,500 Annual Fee | <input type="checkbox"/> Silver Level
\$3,500 Annual Fee | <input type="checkbox"/> Bronze Level
\$1,800 Annual Fee |
|--|--|--|--|

Applicant Information

Company Name _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Web Site _____

Payment Instructions

- By check in the amount of \$ _____, made payable to **Polk County Medical Society**
- By Credit Card (If paying by credit card complete the following):

Type of Credit Card (circle one):

Visa MasterCard

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

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

Signature _____ **Date Signed** _____



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Advertising Information Required for Publications

Please submit advertising information, based on the specifications below, for your company to be placed in our publications. All ads need to be submitted via email to pcms@pcms.org in a high resolution (300dpi) jpeg or PDF format. Advertisements need to be camera ready. If you have technical questions please call our office at 288-0172.

Platinum Level

- One black and white full page ad (5" x 8") to be placed in the Bulletin

Gold Level

- One black and white three quarters page ad (5" x 6") to be placed in the Bulletin

Silver Level

- One black and white half page ad (5" x 4") to be placed in the Bulletin

Bronze Level

- One black and white quarter page ad (5" x 2") to be placed in the Bulletin

SPECIAL EVENTS

PCMS Annual Meeting – January 19, 2011 at the Des Moines Golf and Country Club

Authorized Signature: _____ **Date:** _____

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

Send Completed Application and Payment:

Via Fax or Email (with credit card only): PCMS Circle of Friends, Attn: Kathie Lyman,
pcms@pcms.org or fax (515) 288-0173

Via U.S. Mail (with check): PCMS Circle of Friends
Polk County Medical Society
1520 High Street
Des Moines, IA 50309

**Questions about advertising or
Circle of Friends contract?**
Contact the Polk County Medical
Society at pcms@pcms.org or call
515-288-0172.