



Physician Connect Partnership Program



Yes, we want to participate as a partner!

- Strategic Partner (\$6,000)
- Business Partner (\$4,000)
- Resource Partner (\$2,000)

Business/Organization Information

Business/Organization Name (as it should be listed):

Contact Person: _____

Address: _____

City: _____ **ST** _____ **Zip:** _____

Phone: _____ **Email:** _____

Website: _____

Name of Person(s) attending in-person events: _____

Payment Instructions

(MCMS prefers payment by check so that all of the fees go toward advancing our mission)

By check in the amount of \$_____ (made payable to *Montgomery County Medical Society*)

By credit card (circle one) VISA MC AMEX

Credit Card #: _____ **Expiration Date:** _____

Security Code: _____ **Billing Zip Code:** _____

Name on Card (Print): _____

Signature: _____

Note: Please forward the completed agreement and payment to Susan D'Antoni at sdantoni@montgomerymedicine.org. Two physician references (preferably members of MCMS) must be provided prior to the partnership agreement to be approved by the MCMS Board. These can be sent via email or direct mail to Susan D'Antoni at sdantoni@montgomerymedicine.org.

This agreement must be approved prior to participation. No portion of the sponsorship/exhibitor fee will be refunded. MCMS reserves the right to cancel any event due to anticipated low attendance and/or changing physician and practice needs. Every effort will be made to provide additional opportunities to the sponsoring organization equivalent to the exposure anticipated.

Questions? Call MCMS at 301.921.4300. Please email this completed form to MCMS at sdantoni@montgomerymedicine.org. If paying by check, please mail it to MCMS, 15855 Crabbs Branch Way, Rockville, MD 20855.