



DCMS Circle of Friends is a sponsorship program designed to connect your company with our member physicians. Companies that participate at the various levels can serve as valuable resources to our physicians as they make critical business decisions related to their practices. Membership in the *DCMS Circle of Friends* program is determined by DCMS Board approval and can renew annually.

COMPARISON OF 2019 CIRCLE OF FRIENDS LEVEL BENEFITS

<i>Benefits/Level</i>	DIAMOND	PLATINUM	GOLD	SILVER
Annual Fee	\$10,000	\$7,500	\$5,000	\$3,500
Event Attendance	All Events	8 Events	6 Events	4 Events
Half-page DMJ Announcement	● 1 Announcement			
Set of DCMS Mailing Labels	● 2 Sets	● 1 Set		
Marketing Table at Select Events	● 3 Events	● 2 Events	● 1 Event	
Use of Meeting Room at DCMS Headquarters	● 4 Reservations	● 2 Reservations	● 1 Reservation	
Opportunity to Submit DMJ Articles*	● 2 Articles	● 1 Article	● 1 Article	
Email Sent to DCMS Members	● 2 Email Blasts	● 1 Email Blast	● 1 Email Blast	● 1 Email Blast
Complimentary DCMS Directory (\$99 Value)	● 4 Copies	● 2 Copies	● 1 Copy	● 1 Copy
Complimentary DMJ Subscription	● 2 Subscriptions	● 1 Subscription	● 1 Subscription	● 1 Subscription
Profile on DCMS Web site & Logo Displayed at Events	●	●	●	●

**All DMJ articles are subject to approval by the DCMS Editorial Committee.*

2019/2020 CIRCLE OF FRIENDS LEVEL BENEFITS

DIAMOND LEVEL — \$10,000

- 1 half-page advertisement in the Dallas Medical Journal to announce participation or renewal at this level.
- Opportunity to attend all 9 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket for attendance to 7 other DCMS events.
- Opportunity to have a marketing table at 3 select events of your choice.
- Use of Meeting Room at DCMS headquarters. This room has a capacity of 75 people and must be used during DCMS office hours. This level of participation allows 4 reservations per year.
- 2 sets of DCMS mailing labels. DCMS MUST approve all mailing materials.
- 2 email blasts to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit articles for publication in the Dallas Medical Journal and e-Pulse.
- 4 copies of the annual DCMS Directory (\$99 value each).
- 2 annual subscriptions to the Dallas Medical Journal.
- Your company's profile listed on the DCMS website and your company's logo displayed at all DCMS events.

PLATINUM LEVEL — \$7,500

- Opportunity to attend 8 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket for attendance to 6 other DCMS events.
- Opportunity to have a marketing table at 2 select events of your choice.
- Use of Meeting Room at DCMS headquarters. This room has a capacity of 75 people and must be used during DCMS office hours. This level of participation allows 2 reservations per year.
- 1 set of DCMS mailing labels. DCMS MUST approve all mailing materials.
- 1 email blast to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit articles for publication in the Dallas Medical Journal and e-Pulse.
- 2 copies of the annual DCMS Directory (\$99 value each).
- 1 annual subscription to the Dallas Medical Journal.
- Your company's profile listed on the DCMS website and your company's logo displayed at all DCMS events.

GOLD LEVEL — \$5,000

- Opportunity to attend 6 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket for attendance to 4 other DCMS events.
- Opportunity to have a marketing table at 1 select event of your choice.
- Use of Meeting Room at DCMS headquarters. This room has a capacity of 75 people and must be used during DCMS office hours. This level of participation allows 1 complimentary reservation per year.
- 1 email blast to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit 1 article for publication in the Dallas Medical Journal and e-Pulse.
- 1 copy of the annual DCMS Directory (\$99 value).
- 1 annual subscription to the Dallas Medical Journal.
- Your company's profile listed on the DCMS website and your company's logo displayed at all DCMS events.

SILVER LEVEL \$3,500

- Opportunity to attend 4 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket to 2 other DCMS events.
- 1 email blast to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit articles for publication in the Dallas Medical Journal and e-Pulse.
- 1 copy of the annual DCMS Directory (\$99 value).
- 1 annual subscription to the Dallas Medical Journal.
- Your company's profile listed on the DCMS website and your company's logo displayed at all DCMS events.



SUBMISSION INSTRUCTIONS

1. Complete pages 3 & 4 of Application & Participant Agreement.
2. Send Application & Participant Agreement with payment to lindsey@dallas-cms.org, fax to 214-946-5805, or mail to DCMS, PO Box 4680, Dallas, TX 75208-0680.

TYPE OF APPLICATION

New Applicant

Renewal/Upgrade

LEVEL OF PARTICIPATION

DIAMOND
\$10,000 annually

PLATINUM
\$7,500 annually

GOLD
\$5,000 annually

SILVER
\$3,500 annually

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: Dallas County Medical Society

By credit card (If paying by credit card, complete the following:)

Credit Card # _____ Expiration Date _____ Security Code _____

Amount \$ _____ Print Name on Card _____

Signature _____ Date _____



DCMS CIRCLE OF FRIENDS

APPLICATION & PARTICIPANT AGREEMENT

TERMS & AGREEMENT

I understand that my application is subject to approval by the DCMS Membership Committee and DCMS Board of Directors. The term of this agreement is one year from the date it is approved by the DCMS Board of Directors. This agreement does not renew automatically. I understand that participation in the DCMS Circle of Friends program is not an endorsement from DCMS.

Authorized Signature _____ **Date** _____

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

DCMS Officer Signature _____ **Date** _____

DATE OF BOARD APPROVAL: _____