



Denton County Medical Society Circle of Friends

Application and Participation Agreement

Event Selection

Please circle the event you prefer to attend. Participants may be listed in Denton CMS communications, announcements, and event recognition.

Rate

The rate for sponsors participating in the Circle of Friends program is \$2000 per event.

Scheduled Events (events and dates are subject to change)

- February**
General Meeting
- April**
General Meeting
- May**
Social/ family event
- September**
General Meeting
- October**
Howdy Party

- December**
Installation of new officers

Dates of meetings may change depending on speaker availability and topic of discussion.

Application will then be reviewed and the contact person below notified via email of status.

Applicant Information

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

Please include a description of your company and services. Include names of physician clients you currently have in Denton County.

Authorized Signature: _____ **Date:** _____

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

SEND COMPLETED APPLICATION AND PAYMENT

Denton CMS P.O. Box 50316 Denton, TX 76206

Questions? Contact us at dcmsoc@verizon.net or call 940-566-3923.