

INDIAN MEDICAL ASSOCIATION OF NEW ENGLAND

Intent To Sponsor Form 2022

_____ will be a Sponsor of one or more Indian Medical Association of New England (IMANE) events in 2022 as an: (check one)

_____ ANNUAL SPONSOR

_____ EVENT SPONSOR (check one of 3 categories below)

_____ May 21 2022 Educational Program

_____ Nov/Dec 2022 Annual Meeting (date still to be confirmed)

_____ Dedicated special event

IMANE's Federal tax identification number is: 04-2681654

PLEASE TYPE OR PRINT

Company (list exactly as it should appear in all listings):

Firm Name: _____

Street Address: _____

City, State, Zip: _____

Phone _____ Fax _____

Contact Person (for correspondence, including information on shipping, etc):

Name _____ Title _____

Email _____

All correspondence will be with the contact person listed above, who is responsible for forwarding all materials to agents and/or representatives.

Reminder: Effective July 1, 2009, Massachusetts Department of Public Health regulations on the "Ban on Gifts to Physicians" took effect. IMANE recommends that all potential exhibitors review this information at www.mass.gov/dph/pharmamed in advance of their onsite presence.

Signature: The Sponsor agrees to abide by all conditions and regulations as set forth in the Agreement for Commercial Support and gives IMANE permission to use:

(check all that apply):

_____ corporate logo _____ brief corporate bio _____ corporate contact information

For promotion through (check all that apply):

_____ IMANE social media _____ IMANE website

Signed _____ Date _____

Please email or fax this completed form to: IMANE@mms.org

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