

# Circle of Friends

Houston Dermatological Society

## Agreement

The Houston Dermatological Society (HDS) established its Circle of Friends program to allow companies visibility and the opportunity to support the only organization of Board-Certified dermatologists in the greater Houston area. Corporate membership in HDS is an exciting opportunity to be included in HDS's information network, enabling you to bring your value proposition to the forefront of practicing dermatologists. Corporate support of HDS contributes to the society's mission to educate physicians on providing the highest standard of care.

### Joining the Circle

There are two enrollment periods into the Circle of Friends program – July 1 – August 1 and December 1 – January 1. Membership is twelve (12) months and will start either August 1 or January 1, depending on the enrollment date.

The Circle of Friends program fee is \$15,000. Upon receiving your funds, you will be designated as a member of **HDS's Circle of Friends**. HDS offers you access to its members in the following ways, which you have the option, but not the obligation, to take advantage of:

- ❖ Your company will receive special recognition at all HDS events.
- ❖ Your company's name will be listed as part of the Circle of Friends on all meeting invitations.
- ❖ Open invitation for a maximum of three (3) company representatives to attend four (4) HDS educational meetings. The annual June event is excluded. Representatives must request a table to display marketing materials in advance.
- ❖ Your company may submit up to two (2) PowerPoint slides to display during the networking reception at HDS programs
- ❖ HDS will provide up to two (2) sets of mailing labels for authorized mailings to members.
- ❖ Special recognition on the HDS homepage.
- ❖ Your company may submit educational articles to be considered for posting on HDS's website. There is no guarantee the article will be posted.
- ❖ One (1) complimentary 3 month authorized advertisement on HDS's website.
- ❖ Your company may add a link to the HDS website.

**RESTRICTIONS:** It is understood that all Circle of Friends agreements are subject to review by the Houston Dermatological Society Board. It is agreed that the Board has the right to accept or reject the agreement. A rejection of an agreement will result in its termination without penalty to either party. In such an event, HDS agrees to return to the organization all monies paid.

HDS may terminate this agreement with cause including, but not limited to physician complaints. In such case, HDS will provide written notice to the Friend who will have 30 days to resolve the issue. Failure to resolve any complaint to the satisfaction of the HDS Board may result in termination of this agreement and participation in the Circle of Friends program.

**DISCLAIMER:** Participation in the Circle of Friends program does not constitute an endorsement by the Houston Dermatological Society.

Questions? Contact Jessica Smith at 713-524-4267 ext. 234 or email [jessica\\_smith@hcms.org](mailto:jessica_smith@hcms.org)

**CONTRACT EXECUTION:** It is the responsibility of the Friends to ensure that the contract is executed. HDS will provide timely updates on events in which the organization may participate.

Between Houston Dermatological Society and \_\_\_\_\_  
(Company)

Authorized Representative Signature: \_\_\_\_\_

Authorized Representative Printed Name and Title: \_\_\_\_\_

HDS Authorized Signer: \_\_\_\_\_

**Contact information to be displayed on the HDS website and in event promotions:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Brief company description, less than 100 words:

Checks should be made payable to: Houston Dermatological Society | Tax ID # 74-6060614

Mail checks with this form to:

Houston Dermatological Society, John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004

**Payment Options:**

- Check payable to HDS
- Circle one:    AMEX    Discover    MC    Visa

Amount: \$15,000

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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