



Associate Partners Program Application

Form is due by December 15, 2018. Payment is due no later than December 31, 2018.

Our organization would like to become a IIAMD Associate Partner at the selected level:

Diamond (\$10,000) Gold (\$8,000) Silver (\$5,000) Bronze (\$2,500)

Name of Organization: _____

Please print exactly how you want it to appear on 2019 promotional material and signage

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact information is very important. The person(s) listed as contacts are the only people that will receive correspondence pertaining to sponsorships, exhibit booth selections, schedules, and anything else regarding the Associate Partners Program.

Main Contact: _____

Phone: _____ Email: _____

Additional Associate Partner Contact: _____

Phone: _____ Email: _____

LOGO: Please email your logo in JPG or PNG format to Kyrsten Langford at kyrsten@iiamd.org.

Method of Payment: Check (*Payable to IIAMD*)
 Credit Card (secure payments can be made online at bit.ly/iiamd-pmt)

Signature: _____ Date: _____

Return form to: IIAMD, 2408 Peppermill Dr., Ste A - Glen Burnie, MD. 21061

You may also email your application form to kyrsten@iiamd.org or fax to 410.766.0993



Associate Partners Program Guide Listing Information

The information below will be published in our Associate Partners Guide which will be distributed to all Big “I” Maryland members. If you have any questions please contact Kyrsten Langford at kyrsten@iiamd.org or 410.766.0600. Any updates/changes to your listing need to be received by February 15, 2019.

Company Name: _____

Please print exactly how you want it to appear in the 2019 Associate guide

Main Contact: _____

Contact Email: _____

Contact Phone: _____

Please give a brief description of your company including any specialties:

Is your company currently seeking new agencies to appoint? Yes No

If yes, who should the agency contact? (If same as the main contact above just leave blank)

Maryland Contact for Agency Appointments: _____

Email: _____ Phone: _____