

## BUSINESS PARTNER APPLICATION FORM

Please check one.

\_\_\_\_\_ Platinum \$4500    \_\_\_\_\_ Gold \$3,000  
\_\_\_\_\_ Silver \$2000    \_\_\_\_\_ Bronze \$1400

Company \_\_\_\_\_  
Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Company Representatives (Platinum-4; Gold-3, Silver-2, Bronze-1)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

### Business Category

Please select **maximum of two** of the categories below that will be used to post your company's name and web link on the website.

- Architecture/Interior Design
- Banking Services
- Collection Agency Services
- Commercial Real Estate
- Communication Services
- CPA/Financial Services
- Employment Services
- EMR, EHR, Practice Management
- Information Technology Services
- Insurance/Malpractice Services
- Laboratory
- Legal Services
- Practice Management Consulting
- Products, Education, Other Services
- Revenue Cycle Management/Billing Services
- Transcription Services

### PAYMENT INFORMATION

- Check (payable to IMGMA)                       Credit Card (MasterCard and VISA only)

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

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ CSV Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Email (for receipt) \_\_\_\_\_

### RETURN TO:

IMGMA  
10014 Deering St  
Fishers, IN 46037

Email: [indianamgma@gmail.com](mailto:indianamgma@gmail.com) ♦ Fax: 317.872.1432 ♦ On-line: [www.imgma.net](http://www.imgma.net)