



**INSTRUCTIONS**

Send the completed application along with company description, tagline, logo and payment to:

**SCMS—Circle of Friends**

Orange Flag Building  
104 S. Freya St., Ste. 114  
Spokane, WA 99202-4868

Application is reviewed and the contact person below is notified via email.

**APPLICANT INFORMATION**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

Check in the amount of \$2,500 payable to Spokane County Medical Society.

Credit Card, complete the following:



**Type of Credit Card**      VISA      MasterCard      **Corporate Card**      Yes      No

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount \$ 2,500 Name on Card: \_\_\_\_\_

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

