

Agreement

The Houston Society of Clinical Pathologists (HSCP) established its Circle of Friends program to allow companies visibility and the opportunity to support the only professional organization of pathologists in the greater Houston area. Corporate membership in HSCP is an exciting opportunity to be included in HSCP's information network, enabling you to bring your value proposition to the forefront of practicing pathologists. Corporate support of HSCP contributes to the society's mission to continue 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 \$4,000. Upon receiving your funds, you will be designated as a member of **HSCP's Circle of Friends**. HSCP 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 HSCP events, including the annual symposium.
- ❖ All symposium exhibitor benefits will be available to your company.
- ❖ Your company's name will be listed as part of the Circle of Friends on all meeting invitations.
- Open invitation for a maximum of two (2) company representatives to attend three (3) HSCP meetings at no additional cost. Representatives must request a table to display marketing materials in advance.
- ❖ Your company may provide the HSCP administrator with one (1) promotional item to be placed at the registration table for each HSCP program.
- Your company may submit up to two (2) PowerPoint slides to display during the networking reception at HSCP programs
- ❖ HSCP will provide up to two (2) sets of mailing labels for authorized mailings to members.
- Special recognition on the HSCP homepage.
- One (1) complimentary 3 month authorized advertisement on HSCP's website.
- Your company may have a link on the HSCP website for the duration of your membership.

RESTRICTIONS: It is understood that all Circle of Friends agreements are subject to review by the Houston Society of Clinical Pathologists Executive Committee. It is agreed that the Executive Committee 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, HSCP agrees to return to the organization all monies paid.

HSCP may terminate this agreement with cause including, but not limited to physician complaints. In such case, HSCP 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 HSCP Executive Committee 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 Society of Clinical Pathologists.

Questions: Contact LaCoya Boone at 713-524-4267 ext. 224 or email lacoya_boone@hcms.org.

CONTRACT EXECUTION: It is the responsibility of the Friends to ensure that the contract is executed. HSCP will provide timely updates on events in which the organization may participate. Between Houston Society of Clinical Pathologists and_____ (Company) Authorized Representative Signature: Authorized Representative Printed Name and Title: HSCP Authorized Signer:_____ LaCoya Boone, Director of Society Services Contact information to be displayed on the HSCP website and in event promotions: Company Name: Phone: ______ Fax: _____ Email: _____ Web Address: _____ Brief company description, less than 100 words: Checks should be made payable to: Houston Society of Clinical Pathologists | Tax ID # 23-7311992 Mail checks with this form to: Houston Society of Clinical Pathologists, John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004 **Payment Options:** ☐ Check payable to HSCP ☐ Circle one: AMEX Discover MC Visa Amount: \$4,000 Name on card: Card Number: _____ Exp. Date: _____

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