

Keep your name in front of
ASDS members all year long.



Exclusively for Industry Advisory Council (IAC) members – companies committed to helping ASDS achieve its mission and seeing the dermatologic surgery community thrive – the IAC Alliance Program provides the opportunity to build and maintain year-round relationships with ASDS members worldwide.

This year-round promotional opportunity is designed to provide ASDS member value while generating visibility and increasing return on investment for participating companies.

This is a unique opportunity to:

- Market a product / service with a special offer to ASDS members.
- Achieve superior brand recognition among 6,400 ASDS members.
- Build relationships with new and existing customers.
- Generate loyalty and goodwill.
- Demonstrate your commitment to ASDS member growth.

What is involved?

- Provide an exclusive discount or value-added offer to ASDS members.
- Promote the ASDS member offer and ASDS membership to clients and prospects.

The Alliance Program will be promoted as part of ASDS member benefits, including:

- A summary of your ASDS member offer and product / service will be highlighted with your company name, logo, contact information and link on the ASDS website.
- Features in *Currents*, the ASDS member magazine.
- Features in ASDS member emails.
- Features in ASDS Bulletin (mailed with *Dermatologic Surgery*).
- Included monthly in ASDS member social media accounts.
- Included with ASDS member benefit collateral materials including member value statements, new member materials and ASDS Annual Meeting Resource Center materials.

It's easy to participate!

- Develop your ASDS member offer.
- Complete the application.
- Upon approval, submit a \$3,500 marketing reimbursement fee.
- Promote your offer to clients and prospects.

FOR MORE INFORMATION, CONTACT...

Tara Azzano, ASDS Director of Development
and Industry Relations
847-956-9128 • tazzano@asds.net

ASDS IAC Alliance Program Application

VENDOR INFORMATION

Contact Name _____ Title _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Website _____

PRODUCT / SERVICE INFORMATION (Please submit brochure or samples with application.)

Name of product / service _____

Briefly provide an overview of your company and/or the specific product / service you will be offering.

What is the benefit to ASDS members? _____

What exclusive offer / discount will you provide to ASDS members? Value added _____

Regular price: _____ Member price / discount _____

Please list any limitations or expectations. _____

Do you provide this same offer / discount to other organizations or non-members? Yes No

If yes, please explain. _____

How will ASDS members access your offer (e.g., special promotional code, web page, etc.)? _____

In addition to ASDS promotions, how will you promote your offer? _____

What type of materials will you provide to help promote this service to ASDS members?

- Company logo
- Testimonials
- Product / company brochure
- Images
- Product copy

(CONTINUED)

ASDS IAC Alliance Program Application (CONTINUED)

MARKETING STRATEGY

- Your ASDS member offer will be highlighted with your company name, logo, contact information and a brief description of the offer and product / service on the ASDS website.
- Program features in *Currents*, the ASDS member magazine.
- Program features in ASDS member emails.
- Program offers featured in ASDS Bulletin (mailed with *Dermatologic Surgery*).
- Program offers included monthly in ASDS member social media accounts.
- Program included with ASDS member benefit collateral materials.

ASDS IAC ALLIANCE PROGRAM POLICIES & PROCEDURES

APPLICATION: All companies must submit a complete application to the American Society for Dermatologic Surgery in order to be considered for the IAC Alliance Program. Offer or discount must be available to ASDS members for a 12-month period and be directly related to participating company. Please attach any brochures or promotional information you may have available.

APPROVAL / NOTIFICATION: The ASDS Director of Development will review all applications. You will be notified in writing regarding the decision within 30 days after receipt of the complete application. Upon approval, a \$3,500 marketing reimbursement fee must be paid within 30 days.

NATURE OF RELATIONSHIP: Acceptance by ASDS of an application for the ASDS Alliance Program shall neither entitle the vendor to an exclusive arrangement, nor constitute an endorsement of any service or product by ASDS. Participants may not use the ASDS logo and do not receive access to the ASDS member list or contact information. (List provided via ASDS Corporate Support Benefits and Exhibit contracts may be used to promote participation). Please note that vendors offering competing programs and products to ASDS / ASDSA are not eligible to participate in this program.

VENDOR STATEMENT

I have read the above ASDS IAC Alliance Program policies and procedures and have completed this application in compliance and agreement with the policies, selection criteria and procedures. Our organization is responsible for all costs related to the marketing of our product including postage, labor, envelopes and paid advertising or sponsorships. Furthermore, our organization is responsible for all order and payment processing as well as distribution. I understand the decision of ASDS is final.

Officer / Authorized Representative Signature

Title

Printed Name

Date

PAYMENT METHOD

VISA MasterCard AmEx Discover

Card # _____ Exp. Date _____ Billing ZIP Code _____

Signature

Cardholder Name

SUBMISSION INFORMATION

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