

We would like to Sponsor Health and Wellness Associations, Patient's Groups and Specific Ailment Organizations. If your organization wishes to receive sponsorship, simply print out this form, complete it and mail it to:

GE Medical Services
Sponsorship Director
269 S. Beverly Drive
Beverly Hills, CA 90210

Organization Name: _____ Address: _____

City : _____ Zip _____ State ___ Phone _____

Number of active patients: _____ In matters of promotion, are you self autonomous or do you need to speak with a headquarters? If yes, Name _____ Phone: _____

◆Do you publish a newsletter? Yes No

If yes: _____ weekly _____ bi monthly _____ monthly _____ quarterly _____ bi-annually

◆Can you get a copy? Y N Send it to: GE Medical at 269 S Beverly Dr. BH CA 90210

Name of Editor: _____ Phone: _____

◆Do you accept advertising? Yes No Color or Black and White?

If yes, how much per column inch? _____ Any price breaks – at what terms: _____

◆Will you write an article about us? Yes No

If yes, can we furnish a illness specific interview with our directors and Dr. Gil? Yes No

If no, will you commit to an interview? Yes No

If yes, What date? _____ What Time? _____ With whom? _____

Who is the Director of Patient Services? Name _____ Phone _____

EMAIL ADDRESS: _____

Who is the Patient Outreach Director? Name: _____ Phone: _____

EMAIL ADDRESS: _____

Who is the Director of PR? Name: _____ Phone _____

EMAIL ADDRESS: _____

Who is the Membership Director? Name: _____ Phone _____

EMAIL ADDRESS: _____

◆Can we buy or rent their e-mail list? Y N If yes, terms: _____

◆Will they send out an email letter from us? Y N If yes, terms: _____

◆Can we place an insert in their mailings? Y N If yes, terms: _____

◆Regular meetings we can address? Y N Do you have conventions? Y N When? _____
If yes, get a schedule and who do we call to get booked: Name _____ Phone _____

◆Will you place a link to us on their web site? Y N Would you like to place a link on our site? Y N
Name of IT person _____ Phone _____

◆Would they like to see some studies on Medical Cannabis and the ailment of interest? Y N
If yes, send to: Name _____ Email: _____

◆Have you ever done any studies on Medical Cannabis Y N
Details: _____

◆Do you accept contributions generated from marketing campaigns?
Whom do we speak to?
Name _____ Phone _____