

To IMDA Members:

Status Blue is pleased to announce a reduction in annual vendor credentialing fees for IMDA Members. When using the IMDA promotional code, the fee per representative to register with Status Blue will be discounted to \$70.00/year.

In order to take advantage of this available discount, IMDA members should complete the attached form and e-mail it to Status Blue's Corporate Accounts Manager, Lalanda Harrell (lalandah@status-blue.com); Lalanda may be contact via phone at 866-383-2583 ext. 228 or via fax at 678.802.7346. Once Status Blue has received this form, the IMDA promotional code will be programmed for your company. **NOTE:** The promotional code cannot be programmed and applied to your company until this form is complete.

The promo code is: IMDA1 . When registering or renewing a Status Blue account, please be sure to enter this code so that you will receive the discounted rate.

At the end of each month, Status Blue's Corporate Accounts Office will e-mail a designated contact a report notifying you of which representative(s) registered using this code. Receipts for credit card transactions will also be sent via e-mail at the time the card has been processed.

Thank you.

JOHN WILLS

STATUS BLUE

p. 678.324.4487

f. 877.767.7685

w. www.status-blue.com

STATUSBLUE

Date: _____

To Status Blue, LLC:

I wish to provide a credit card for billing purposes for myself (or for my company) for the online registration services of www.status-blue.com and/or for the individuals listed below.

I acknowledge that multiple credit card declines will result in the suspension of my (our) account. I authorize Status Blue, LLC to charge this credit card for the registration fees for their service in accordance with the Status Blue Terms of Use as posted on the website.

(please print)

NAME ON CARD: _____

COMPANY: _____

TYPE OF CREDIT CARD: ☐ AMEX ☐ M/C ☐ VISA ☐ DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (MM/YY)

Credit Card BILLING ADDRESS (line 1): _____

Credit Card BILLING ADDRESS (line 2): _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE & E-MAIL: _____ / _____
(phone) (e-mail)

AUTHORIZED SIGNATURE: _____

Total Number of Individuals to be charged to this card: _____ Rate: **\$70.00**

Additional Names charged to this card (attach additional documentation, if applicable):

- _____
- _____
- _____
- _____