

Request for Representation - Profile Form

Complete this *Request for Representation* form and return it to the IMDA office in electronic format - as a Word or PDF document. Within 48 hours staff will review the information and post it on the IMDA website in the member's only section. An email will be sent to all IMDA members announcing the *Request for Representation* with a link to this completed form. It will be up to each individual IMDA member to contact you directly about your product. Your RFR will remain on our website for one-year from the date of posting providing additional exposure to your product(s) to new and existing members throughout the year. **This service is free for Allied Members (manufacturer members of IMDA) and \$250 for non-members.**

Date Submitted:
Date Representation Needed:
Company:
Key Contact:
Street Address:
City:
State:
Country:
Postal Code:
Website:
Phone: Fax:
Email:

NAME AND DESCRIPTION OF THE PRODUCT AND/OR PRODUCT LINE:

TARGETED SPECIALTY MARKETS OR CLINICAL DEPARTMENTS:

HAS THE PRODUCT(S) RECEIVED MARKETING CLEARANCE FROM THE FDA?

DATE COMPANY FIRST SOLD PRODUCT(S) IN THE U.S. OR CANADA:

IF PRODUCT IS BEING SOLD IN THE U.S. OR CANADA, PLEASE INDICATE CURRENT METHOD OF SALES:
HIGHLIGHT ONE

IF SOLD IN THE U.S. WHERE IS THE PRODUCT(S) CURRENTLY BEING SOLD:

HAVE PATENTS BEEN FILED ON THE TECHNOLOGY:

HIGHLIGHT ONE:
My company manufacturers product(s).
My company acts as a master distributor.

IN WHAT TERRITORIES (COUNTRY) ARE YOU SEEKING SALES AND MARKETING SUPPORT:

Complete and return to IMDA at imda@imda.org

Independent Medical Specialty
Dealers Association

Request for Representation - Profile Form