



2012 HISCI Member Application

For any questions related to membership please contact:
2025 M Street NW Suite 800 ♦ Washington, DC 20036 ♦ Phone 202.367.1185 ♦ Fax 202.367.2185

****HISCI Membership expires every December 31st of the current year. Members must renew each year to remain a member within the organization.**

Step 1: Company Information

(*indicates a required field)

Company Name*: _____

Company web site*: _____

COMPANY SIZE (by revenue):

- Under 5 Million in Annual Sales Revenue
- Between 5 Million and 10 Million in Annual Sales Revenue
- Over 10 Million in Annual Sales Revenue

COMPANY SIZE (by number of employees):

- Under 100
- 100—500
- 500-1,000
- Over 1,000

INDUSTRY:

- Supplier
- Manufacturer
- Wholesale
- Distributor
- Consultant
- Other (please list) _____

Step 2: Contacts

PRIMARY CONTACT

First Name Last Name

Title

Address

City State Zip

Phone Fax

E-mail Address

CEO CONTACT

First Name Last Name

Title

Address

City State Zip

Phone Fax

E-mail Address

Step 3: Questionnaire

Please summarize in 100 words or less the nature of your business and include where the company is headquartered, how long in business, etc. (Attach additional sheet if necessary)

Please review the following statements and check all that may apply:

- I am interested in enhancing my involvement in HISCI through volunteer opportunities: i.e. Steering Committees, Task Forces and Working Groups.

- I am interested in learning more about corporate sponsorship opportunities available during the International EXPO, National Pharmacy Forum and other educational conferences.

Step 4: Payment

ANNUAL MEMBERSHIP FEE:

- Under 5 Million in Annual Sales Revenue\$1,500
- Between 5 and 10 Million in Annual Sales Revenue\$3,500
- Over 10 Million in Annual Sales Revenue.....\$5,300

PAYMENT TYPE

- I will send a check in the amount of \$ _____ to HISCI Headquarters.

Please charge the following credit card in the amount of \$ _____: American Express Visa MasterCard

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____

Signature: _____

THANK YOU

Your application is complete.

Please fax application to HISCI Headquarters at 202.367.2185 or send via mail to:
Healthcare Industry Supply Chain Institute
Department 3023
Washington, DC 20042-3023