



ENGINEERING PHARMACEUTICAL INNOVATION

MEMBERSHIP APPLICATION

Show Special - Save \$40 off the New Member Fee*

Member Information (Please print clearly)

Prefix _____ First Name (no initials) _____ Middle Initial _____ Last Name _____

Informal Name / Name to be used on name badge _____

Gender: Female Male Job / Occupation Title _____

Company Name or Organization _____

Check Mail Preference

 Business Street Address _____ Suite _____

P.O. Box _____ Mail Stop Code _____

City or Suburb _____ State / Province _____

Zip+4 / Postcode _____ Country _____

Business Telephone _____ Business Fax _____

Business E-mail Address _____

 Home Address (for office use only) _____

P.O. Box _____ Apartment _____

City or Suburb _____ State / Province _____

Zip+4 / Postcode _____ Country _____

Home Telephone _____ Home Fax _____

Mobile (optional) _____ Alma Mater _____

Home E-mail Address _____

 I wish to keep my data confidential and only used by ISPE and its local Affiliates and Chapters

 I DO NOT want to be included in the Membership Directory or Conference Attendee listings.

MEMBERSHIP CATEGORIES AND PAYMENT INFORMATION

Memberships are Individual and not transferable. Discounted membership fees available for students, academia, and Regulatory agency personnel. For details, visit www.ispe.org/membership.

 Industry Members: Individuals engaged in pharmaceutical science, engineering or technology
 US Dollars ~~\$200~~ \$160*

Annual dues \$160 plus \$40 administration fee. \$60 of your dues is allocated to your subscription to *Pharmaceutical Engineering* magazine.

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 E-mail: customerservice@ispe.org

Payment or credit card information MUST accompany application. Purchase orders will not be accepted. FEI #59-2009272

 Check enclosed payable to ISPE # _____ in the amount of \$ _____ (drawn on US bank) or € _____

 Credit Card Type: VISA MC/EUROCARD AMEX

Card Number: _____ Exp. Date: _____

Name of Cardholder (as it appears on credit card): _____

Cardholder Signature: _____

I hereby apply for membership in ISPE and certify that all statements made in the application are correct, and if elected to membership, agree to be governed by the Society Bylaws.

Applicant's Signature: _____ Date: _____

Referring Member Name: _____ ID# _____

MEMBERSHIP APPLICATION

Join on-line at www.ISPE.org

WHAT IS YOUR PRIMARY COMPANY TYPE? (select one)

Manufacturer/Operating

- 1. Traditional Pharmaceuticals
- 2. Biopharmaceuticals/Biotechnology
- 3. Contract
- 4. Generic
- 5. Veterinary Medicine
- 6. Medical Devices/Diagnostics
- 7. Bulk/API
- 8. Cosmetics
- 9. Food/Nutraceuticals

Service Provider

- 10. Engineering/Architecture
- 11. Consulting
- 12. Validation/Qualification/Commissioning
- 13. CRO – Clinical or Contract Research
- 14. Construction Services Contractor
- 15. Facilities/Equipment Maintenance
- 16. IT/Computer Services

Supplier

- 17. Equipment/Components
- 18. Packaging Materials
- 19. Clinical/Investigational Products
- 20. Software/Hardware Products
- 21. Chemicals/Intermediates

Academia

- 22. Academia

Public Authority/Government

- 23. Public Authority/Government
- 99. Other: _____

WHAT IS YOUR PRIMARY AREA OF EXPERTISE? (select one)

- A. Architect/Engineer/Construction
- B. Clinical/Investigational Products
- C. Health/Safety/Environmental
- D. Information Technology
- E. Logistics/Supply Chain Management
- F. Maintenance
- G. Operations/Manufacturing
- H. Process Control/Automation
- I. Process Development/Technology Transfer
- J. Project Management
- K. Quality Assurance/Control
- L. Regulatory/Compliance
- M. Research and Development
- N. Sales/Marketing/Business Development
- O. Technical Services/Product Support
- P. Training
- Q. Validation/Qualification/Commissioning
- ZZ. Other: _____

YEARS IN INDUSTRY

- 1 - 4 5 - 14
- 15 - 19 20 and more years

AGE RANGE

- 25 and under
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66 and above

International Affiliates / Chapters (select one)

Network with industry professionals and regulators in your region and attend local events with your complimentary membership in an ISPE Affiliate or Chapter. Visit www.ISPE.org/Affiliates_Chapters for more information.

- Argentina
- Australasia (or select one Chapter)
 - Brisbane
 - Melbourne
 - New Zealand
 - Sydney
- Belgium
- Brazil
- Canada
 - Central Canada
- Czech Republic/Slovakia
- France
- Germany/Austria/Switzerland
- India
- Indonesia
- Ireland
- Italy
- Japan
- The Netherlands
- Nordic (Sweden, Denmark, Norway, Finland, and Iceland)
- Poland
- Singapore
- Spain
- Thailand
- Turkey

United Kingdom (select one Region)

- Central
- North East
- North West
- Scotland
- Southern

United States (check one Chapter)

- Boston Area (Eastern and Central Massachusetts, Maine, and New Hampshire)
- Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee)
- Chesapeake Bay Area (Maryland, Washington DC, and Northern Virginia)
- Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware)
- Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky)
- Greater Los Angeles (Los Angeles; Orange, Ventura, and Riverside Counties)
- Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota)
- New England (Connecticut, Western Massachusetts, Rhode Island, Upstate New York, and Vermont)
- New Jersey (New Jersey, New York, and Northeastern Pennsylvania)
- Pacific Northwest (Washington and Oregon)
- Puerto Rico
- Rocky Mountain (Colorado and Utah)
- San Diego (San Diego North to South Orange County)
- San Francisco Bay Area (Northern California)
- South Central (Texas, Oklahoma, and Louisiana)

- I do not elect Affiliate/Chapter membership
 - There is not an Affiliate/Chapter in my area