MEMBERSHIP RENEWAL FORM

Renew online at www.ISPE.org/Renew

MEMBER INFORMATION	Please Print Clearly - Bolded Items Are REQUIRED	MEMBER ID#: _____

Prefix:	First Name:	Middle Initial:	Last Name:
Informal Name:	Gender: ☐ Female ☐ Male		Job/Occupation Title:
Company Name / Organization:			

PRIMARY CONTACT INFORMATION

☐ Business ☐ Home

Street Address:		
P.O. Box:		Apartment/Suite/Mail Stop:
City or Suburb:	State / Province:	Zip+4 / Postcode:
Country:	Telephone:	Fax:
Email Address:		Mobile:

ALTERNATE CONTACT INFORMATION

☐ Business ☐ Home

Street Address:		
P.O. Box:		Apartment/Suite/Mail Stop:
City or Suburb:	State / Province:	Zip+4 / Postcode:
Country:	Telephone:	Fax:
Personal Email address: *(Help us keep in touch with you no matter where you are)*		Alma Mater:

MEMBERSHIP CATEGORIES* AND PAYMENT INFORMATION

All Members of ISPE are entitled to vote on matters pending before the Society, hold office, and serve on committees. **Memberships are individual and not transferable.** For membership category descriptions, bylaws, and the Regulatory Authority/Government and Student Membership Applications, visit www.ISPE.org/Renew.

☐ Industry Members: Individuals engaged in pharmaceutical science, engineering or technology. $229*

☐ Academic Members: Individuals employed full-time in an educational institution within pharmaceutical science, engineering or technology. Online access only to *Pharmaceutical Engineering* magazine. $115*

☐ Emerging Economy Members: Individuals engaged in pharmaceutical science, engineering or technology, residing in an emerging economy country (see www.ispe.org/emerging-economy-countries for eligibility). Online access only to *Pharmaceutical Engineering* magazine.
Tier 2 Countries: $115* Tier 3 Countries: $75*

*Contact Member Services for assistance in changing Membership Categories. For details on Tiers, visit www.ispe.org/2013-membership-dues.

Payment or credit card required. Purchase orders will not be accepted. FEI #59-2009272

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

☐ Credit Card Type: ☐ VISA ☐ MASTERCARD ☐ AMEX

Card Number:_____ Exp. Date:_____

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

Cardholder Signature:_____

Send by Mail or Fax:

ISPE Headquarters
600 North Westshore Blvd., Suite 900
Tampa, FL 33609-1114 USA
Tel: +1-813-960-2105
Fax: +1-813-264-2816
Email: ask@ispe.org

China Office
Suite 2302, Wise Logic International Centre
66 North Shan Xi Road
Shanghai, China 200041
Tel: +86-21-5116-0265
Fax: +86-21-5116-0260
Email: china@ispe.org

I hereby certify that all statements in this application are correct, and agree to be governed by the Society Bylaws and the ISPE Codes of Conduct. www.ispe.org/codes-of-conduct

Signature:_____Date:_____

$60 ($15 for discounted memberships) of your dues is allocated to your subscription to Pharmaceutical Engineering magazine both print and digital editions (discounted memberships digital only). Members may not deduct the subscription price from dues.

Prices good through 31 December 2013; after 31 December 2013, please contact ISPE for current rates.

Continue on other side →

MEMBERSHIP RENEWAL FORM

Renew online at www.ISPE.org/Renew

Full Name: _____

WHAT IS YOUR PRIMARY COMPANY TYPE? *(select only 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

Other Organizations
- ☐ 22. Academia
- ☐ 23. Public Authority/Government
- ☐ 99. Other: _____

WHAT IS YOUR PRIMARY AREA OF EXPERTISE? *(select only 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

- ☐ 0 - 4
- ☐ 5 – 9
- ☐ 10-14
- ☐ 15-19
- ☐ 20+

AGE RANGE

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

WHAT ARE YOUR INTEREST AREAS? *(select all that apply)*

- ❒ A. Active Pharmaceutical Ingredients
- ❒ B. Biotechnology
- ❒ C. Commissioning and Qualification
- ❒ D. Containment
- ❒ E. Critical Utilities
- ❒ F. Disposables
- ❒ G. Engineering Standards Benchmarking
- ❒ H. Good Automated Manufacturing Practices (GAMP)
- ❒ I. Heating, Ventilation, Air Conditioning (HVAC)
- ❒ J. Investigational Products
- ❒ K. Packaging
- ❒ L. Process Analytical Technology
- ❒ M. Process/Product Development
- ❒ N. Project Management
- ❒ O. Sterile Products Processing
- ❒ P. Sustainable Facilities
- ❒ Q. Certified Pharmaceutical Industry Professional™
- ❒ R. Good Control Laboratory Practices
- ❒ S. Oral Solid Dosage
- ❒ T. Operations Management
- ❒ U. GMP's Good Manufacturing Practice
- ❒ V. ISPE Career Discussion
- ❒ Z. Other:_____

I DO NOT WANT TO RECEIVE COMMUNICATIONS FROM:

- ❒ ISPE International and regional offices
- ❒ My ISPE Affiliate or Chapter (designate below)
- ❒ I wish to keep my data confidential (This will exclude you from the Conference Attendee Listing, Member Directory, and Exhibitor List)