



Demographics Verification Form

To better understand the needs of our Members and deliver the most current and appropriate information, please update your membership profile.

Please sign, date and return to an ISPE office:

By email:

Send pdf to ask@ISPE.org

By fax:

Headquarters Office: +1 813-264-2816

China Office: +86 21-2312 3699

Thank you for your assistance!

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| <p>PRIMARY JOB FUNCTION/ROLE <i>(Select only one)</i></p> <p><input type="checkbox"/> A. Architect/Engineer/Construction</p> <p><input type="checkbox"/> B. Clinical Materials/Investigational Products</p> <p><input type="checkbox"/> C. Procurement/Buyer/Planners</p> <p><input type="checkbox"/> D. Health/Safety/Environmental</p> <p><input type="checkbox"/> E. Knowledge Management</p> <p><input type="checkbox"/> F. Operations/Plant Mechanics (electric, utilities, HVAC)/Facilities/Maintenance Planning</p> <p><input type="checkbox"/> G. Process Control/Automation</p> <p><input type="checkbox"/> H. Project Management</p> <p><input type="checkbox"/> I. QA/QC/Regulatory Compliance</p> <p><input type="checkbox"/> J. Research and Development/Technology Transfer/Process Development</p> <p><input type="checkbox"/> K. Sales/Marketing</p> <p><input type="checkbox"/> L. Statistician</p> <p><input type="checkbox"/> M. Technical Services/Product Support/Information Systems</p> <p><input type="checkbox"/> N. Validation/Qualification/Commissioning</p> <p><input type="checkbox"/> O. Supply Chain Management/Warehouse Operations/Logistics Planning</p> <p><input type="checkbox"/> P. Retired</p> <p><input type="checkbox"/> Q. Student</p> <p><input type="checkbox"/> R. Unemployed</p> <p><input type="checkbox"/> ZZ. Other: _____</p> | <p>PRIMARY COMPANY TYPE <i>(Select only one)</i></p> <p><input type="checkbox"/> 1. API/Excipient Supplier/Distributor</p> <p><input type="checkbox"/> 2. Contract Manufacturer</p> <p><input type="checkbox"/> 3. Cosmetics, Nutraceuticals, Food Manufacturer</p> <p><input type="checkbox"/> 4. CROs, Clinical Materials, Investigational Products</p> <p><input type="checkbox"/> 5. Educational or Government Entity, Libraries</p> <p><input type="checkbox"/> 6. Engineering/Architecture/Construction</p> <p><input type="checkbox"/> 7. Equipment/Material Supplier</p> <p><input type="checkbox"/> 8. Generics Manufacturer</p> <p><input type="checkbox"/> 9. Laboratory Services</p> <p><input type="checkbox"/> 10. Medical Devices/Diagnostic Manufacturer</p> <p><input type="checkbox"/> 11. Pharmaceutical/Biotech Manufacturer (Not CMO)</p> <p><input type="checkbox"/> 12. Service Provider/Consulting</p> <p><input type="checkbox"/> 13. Veterinary Medicine</p> <p><input type="checkbox"/> 99. Other: _____</p> <hr/> <p>Optional:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth _____ MM/DD/YYYY</p> <p>Approximate number of years you've been working in the pharma industry: _____</p> | <p>TECHNICAL COMMUNITIES OF INTEREST <i>(You will be enrolled in an ISPE Community of Practice related to your interest(s). Select all that apply.)</i></p> <p><input type="checkbox"/> A. Active Pharmaceutical Ingredients</p> <p><input type="checkbox"/> B. Biotechnology</p> <p><input type="checkbox"/> C. Commissioning and Qualification</p> <p><input type="checkbox"/> D. Containment</p> <p><input type="checkbox"/> E. Critical Utilities</p> <p><input type="checkbox"/> F. Disposables</p> <p><input type="checkbox"/> G. Good Automated Manufacturing Practices (GAMP)</p> <p><input type="checkbox"/> H. Heating, Ventilation and Air Conditioning (HVAC)/Sustainable Facilities</p> <p><input type="checkbox"/> I. Investigational Products</p> <p><input type="checkbox"/> J. Operations Management</p> <p><input type="checkbox"/> K. Oral Solid Dosage</p> <p><input type="checkbox"/> L. Packaging</p> <p><input type="checkbox"/> M. Process Analytical Technology</p> <p><input type="checkbox"/> N. Process/Product Development</p> <p><input type="checkbox"/> O. Project Management</p> <p><input type="checkbox"/> P. Sterile Products Processing</p> <hr/> <p>LEVEL OF RESPONSIBILITY <i>(Select only one)</i></p> <p><input type="checkbox"/> A. CEO/President/Owner/General Mgr</p> <p><input type="checkbox"/> B. Vice President/Chief Officer</p> <p><input type="checkbox"/> C. Director/Division Mgr/Senior Mgr</p> <p><input type="checkbox"/> D. Manager/Section Head/Supervisor</p> <p><input type="checkbox"/> E. Team Lead/Operator/Technician/Staff</p> <p><input type="checkbox"/> F. Dean/Professor/Educator</p> <p><input type="checkbox"/> G. Student/Post-Doctoral Fellow</p> <p><input type="checkbox"/> H. Retired</p> <p><input type="checkbox"/> ZZ. Other: _____</p> |
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Member ID# if known: _____

Printed Name: _____

Signature: _____

Date: _____