

## Membership Form 2016-2017

Membership Year: April 1, 2016–March 31, 2017

### Company / Organization Information

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ # WI Employees: \_\_\_\_\_

Additional WI Locations (To assist in BioForward's Government Affairs efforts):

\_\_\_\_\_

**Business Description** Please attach another sheet if necessary. *If you are a renewing member, the following should only be completed if you would like to make changes to your online business description.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Research, Service &amp; Product Provider or Institute</b> (Check all that apply)	<b>Bio-Health Company</b> (Check all that apply)
<input type="checkbox"/> Banking, Investment, Venture Capital <input type="checkbox"/> Business Support Products & Services <input type="checkbox"/> Consulting—Product Design / Development <input type="checkbox"/> Economic Development <input type="checkbox"/> Education / Academic <input type="checkbox"/> Facility Planning / Design / Construction / Leasing <input type="checkbox"/> Government <input type="checkbox"/> HR / OD Consulting <input type="checkbox"/> Insurance <input type="checkbox"/> Law <input type="checkbox"/> Marketing / Media / Communications <input type="checkbox"/> Material / Component Supplier <input type="checkbox"/> Non-profit <input type="checkbox"/> Regulatory / Compliance <input type="checkbox"/> Technology Transfer <input type="checkbox"/> Utilities <input type="checkbox"/> Other: (please elaborate) _____	<input type="checkbox"/> Agriculture <input type="checkbox"/> Bioinformatics <input type="checkbox"/> Contract Clinical Trials <input type="checkbox"/> Contract GMP Manufacturing <input type="checkbox"/> Contract R&D Services <input type="checkbox"/> Diagnostics <input type="checkbox"/> Health IT <input type="checkbox"/> Laboratory Instruments <input type="checkbox"/> Medical Devices <input type="checkbox"/> Medical Testing <input type="checkbox"/> Nutraceuticals <input type="checkbox"/> Reagents / Kits <input type="checkbox"/> Therapeutics <input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Other: (please elaborate) _____

## 2016 Focus - Bio-Health Industry

Bio-Health Company Membership	Associate Membership	Medallion Memberships
< 10 Employees <b>\$400</b>	1 Person Company <b>\$300</b>	Bronze <b>\$5,000</b>
11-24 Employees <b>\$750</b>	2-24 Employees <b>\$800</b>	Silver <b>\$8,000</b>
25-100 Employees <b>\$1,300</b>	25-100 Employees <b>\$1,500</b>	Gold <b>\$10,000</b>
>100 Employees <b>\$3,000</b>	>100 Employees <b>\$3,000</b>	Platinum <b>\$20,000</b>
	Government/Nonprofit/ Education <b>\$500</b>	

### Primary Contact Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mobile phone:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

**Additional Contacts:** (Please provide HR Contact, Purchasing Contact. Attach additional sheet if needed. Those added will receive our communications on events and news)

<u>Name</u>	<u>Title</u>	<u>Email</u>	<u>Phone</u>

**Select Savings Program:**(BioForward’s Purchasing Consortium—Please Select Partners of Interest)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aberdeen Consulting            | <input type="checkbox"/> Fisher Scientific          | <input type="checkbox"/> Complete Office of Wisconsin |
| <input type="checkbox"/> Business Wire                  | <input type="checkbox"/> Hausmann-Johnson           | <input type="checkbox"/> The Payroll Company          |
| <input type="checkbox"/> Elsevier Business Intelligence | <input type="checkbox"/> Merrill DataSite           | <input type="checkbox"/> UPS                          |
| <input type="checkbox"/> Emmons Business Interiors      | <input type="checkbox"/> Monitor Liability Managers |   |

Please send the Membership Form to BioForward at the address below or email to [membership@bioforward.org](mailto:membership@bioforward.org). Thank you for your membership!