

SERVICE PARTNER MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name _____
 Phone _____
 Address _____
 City _____ State _____ Zip _____
 Company Website _____

Private Public Ticker Symbol _____
 Do you have local representation? Yes No
 Fiscal year start date _____
 SIC code _____

PRIMARY CONTACTS

PRIMARY CONTACT (Responsibilities include receipt of all official correspondence, designation of company personnel to serve on OregonBio committees and updates of company information)

Name & Title _____
 Email _____
 Phone _____

BILLING CONTACT (Responsibilities include receipt of membership invoice and payment of membership dues)

Name & Title _____
 Email _____
 Phone _____

ALTERNATE CONTACT (Responsibilities include receipt of all official correspondences if primary contact is unavailable)

Name & Title _____
 Email _____
 Phone _____

SECONDARY CONTACT (Responsibilities include receipt of membership invoice and payment of membership dues if primary billing contact is unavailable)

Name & Title _____
 Email _____
 Phone _____

COMPANY CONTACTS

CEO/President _____
 Email _____
 Phone _____

CFO _____
 Email _____
 Phone _____

CSO/CMO _____
 Email _____
 Phone _____

Director of R&D _____
 Email _____
 Phone _____

CPO _____
 Email _____
 Phone _____

Other _____
 Email _____
 Phone _____

Purchasing Contact _____
 Email _____
 Phone _____

Government Affairs _____
 Email _____
 Phone _____

Business Development _____
 Email _____
 Phone _____

Clinical/Regulatory Affairs _____
 Email _____
 Phone _____

Office Administrator _____
 Email _____
 Phone _____

Other _____
 Email _____
 Phone _____

MARKET INFORMATION (check all that apply)

Type of Service

- Consulting
 - Business
 - Engineering
 - General
- Finance & Accounting
- Information Technology
- Legal Services & IP
- Marketing, PR & Communications
- Materials Supplier
- Real Estate, Architecture & Construction
- Regulatory Affairs
- Science Writing
- Software Provider
- Staffing & Recruiting

- Supplier
 - Equipment
 - Materials
- Training
- Investment
 - Angel Investors
 - Bank
 - Venture Capital

Target Market

- Academic Institutions
- Manufacturing Companies
 - Chemical Manufacturing
 - Contract Manufacturing
 - Equipment Manufacturing
- Consumer Products
- Diagnostics & Assays
- Digital Health Companies
- Genetics & Genomics

- Government Organizations
- Healthcare Industry
 - Hospitals & Clinics
 - Medical Laboratories
- Incubators & Accelerators
- Industry Organizations
- Medical Devices
- Nonprofit Organizations
- Research Organizations
 - Basic
 - Applied/Clinical
 - Contract
- Research Tools
- Therapeutic Companies
 - Small Molecules
 - Biologics
 - Drug Delivery
 - Vaccines

MEMBERSHIP CATEGORIES (please select one)

Premium Memberships (See Prospectus for Recognition Details)

Open to all Service Partner applicants, level must be at or above Standard Membership pricing

Platinum	\$22,000	<input type="checkbox"/>
Diamond	\$11,000	<input type="checkbox"/>
Emerald	\$7,500	<input type="checkbox"/>
Gold	\$5,500	<input type="checkbox"/>
Silver	\$3,300	<input type="checkbox"/>

Standard Memberships

Service Partner Members
Based on number of employees

	1	2-10	11-49	50-199	>200
	\$300	\$550	\$1,650	\$2,750	\$4,950
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT (Full payment must accompany this form. Dues are valid for one year.)

<p>I _____, on behalf of _____ (hereafter "company") affirm that company's membership will automatically renew and be considered due annually upon company's anniversary date. Membership cancellations must be received 30 days in writing prior to your renewal date via email to the membership department at Julie@oregonbio.org</p> <p>Signature _____</p> <p>Title _____ Date _____</p>	<p>Dues Amount \$ _____</p> <p><input type="checkbox"/> Check Enclosed (please make checks payable to Oregon Bioscience Association)</p> <p><input type="checkbox"/> Credit Card Payment: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC</p> <p>Credit Card # _____</p> <p>Name on Credit Card _____</p> <p>Signature _____ Exp Date _____</p>
---	---

Please mail, fax or email completed form to:
Oregon Bioscience Association (Attn: Membership)
2828 SW Corbett Ave., Portland, OR 97201 Office: (503) 548-4432 Email: julie@oregonbio.org