



New Renewal Date: _____

PROVIDER MEMBERSHIP APPLICATION

BAY AREA

COMPANY INFORMATION

Company Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Company Website _____

of Employees in California _____

of Employees Worldwide _____

Private Public Ticker Symbol _____

Are you a virtual company? Yes No

Do you have a lab? Yes No Do you have a cleanroom? Yes No

Your fiscal year starts _____

PRIMARY CONTACTS

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

Name & Title	Email	Phone
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ALTERNATE CONTACT *(Responsibilities include receipt of all official correspondences if primary contact is unavailable)*

Name & Title	Email	Phone
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BILLING CONTACT *(Responsibilities include receipt of membership invoice and payment of membership dues)*

Name & Title	Email	Phone
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SECONDARY BILLING CONTACT *(Responsibilities include receipt of membership invoice and payment of membership dues if primary billing contact is unavailable)*

Name & Title	Email	Phone
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PURCHASING CONTACT *(Responsibilities include receipt of all official correspondence from Biocom Purchasing Group and Purchasing Group preferred suppliers)*

Name & Title	Email	Phone
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SERVICE FOCUS

(PLEASE CHECK ALL THAT APPLY)

- Academic
- Accounting
- Banking
- Business Development
- Construction/ Architecture
- Consulting
- Corporate Communications/ Marketing
- Hospital
- Information Technology
- Institutional Investor
- Insurance
- Investment Bank
- Investor Relations
- Laboratory Equipment/ Supplier
- Legal Services
- Recruitment
- Real Estate
- Venture Capital/ Private Equity
- Other:

MEMBERSHIP CATEGORIES

Service Provider Membership Level/ Annual Dues *(check one)*

- Premium Membership \$17,500
- Key Provider \$11,300
- Provider \$4,900

Premium Membership offers you maximum exposure opportunities and access to exclusive events in the life science community.

COMPANY CONTACTS

CEO/ President _____

Email _____ Phone _____

CEO Assistant _____

Email _____ Phone _____

CFO _____

Email _____ Phone _____

CSO/CMO _____

Email _____ Phone _____

Director of R&D _____

Email _____ Phone _____

Human Resources _____

Email _____ Phone _____

Government Affairs _____

Email _____ Phone _____

Marketing _____

Email _____ Phone _____

Business Development _____

Email _____ Phone _____

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

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 in writing prior to your renewal date via email to the membership department at membership@biocom.org.

Signature _____

Title _____ Date _____

*Biocom reserves the right to cancel membership at any time. Biocom membership dues are non-refundable in whole or in part for any reason.

Dues Amount: \$ _____

Check Enclosed (please make checks payable to Biocom)

Credit Card Payment: AMEX VISA MC

Credit Card # _____

Name on Credit Card _____

Exp. Date _____ CSC (3-digit or 4-digit code) _____

Signature _____

Please mail completed form to:
Biocom Membership Department
10996 Torreyana Rd, Suite 200, San Diego, CA 92121
P: 858.455.0300, kjenkins@biocom.org

www.biocom.org