

Student Information (Please print clearly)

Prefix _____ First Name (No initials) _____ Middle Initial _____ Last Name _____

Informal Name (Name to be used on name badge) _____

Gender Female Male _____ Job / Occupation Title _____

University/College _____ Expected Date of Graduation (Required) _____

Company Name or Organization _____

Check Mail Preference

Permanent Address (Required) _____ Suite _____

P.O. Box _____ Mail Stop Code _____

City or Suburb _____ State / Province _____

Zip+4 / Postcode _____ Country _____

Telephone _____ Fax _____

E-mail Address _____

Alternate Address (Required) (For office use only) _____

City or Suburb _____ Apartment _____

State / Province _____ Zip+4 / Postcode _____

Telephone _____ Fax _____

Mobile (Optional) _____

E-mail Address _____

- I wish to keep my data confidential and only used by ISPE and its local Affiliates and Chapters.
- I **DO NOT** want to be included in the Membership Directory or Conference Attendee listings.

International Affiliates (Select one)

Network with industry professionals and regulators in your region and attend local events with your complimentary membership in an ISPE Affiliate or Chapter. Visit www.ispe.org/Affiliates_Chapters for more information.

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| <ul style="list-style-type: none"> <input type="checkbox"/> Argentina <input type="checkbox"/> Australasia (or select one Chapter) <ul style="list-style-type: none"> <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> New Zealand <input type="checkbox"/> Sydney <input type="checkbox"/> Belgium <input type="checkbox"/> Brazil Canada <ul style="list-style-type: none"> <input type="checkbox"/> Central Canada Chapter <input type="checkbox"/> Czech Republic/Slovakia <input type="checkbox"/> France <input type="checkbox"/> Germany/Austria/Switzerland <input type="checkbox"/> India <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Japan <input type="checkbox"/> The Netherlands <input type="checkbox"/> Nordic (Sweden, Denmark, Norway, Finland, and Iceland) <input type="checkbox"/> Poland <input type="checkbox"/> Singapore <input type="checkbox"/> Spain <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey | <ul style="list-style-type: none"> United Kingdom (Check one region) <ul style="list-style-type: none"> <input type="checkbox"/> Central <input type="checkbox"/> North East <input type="checkbox"/> North West <input type="checkbox"/> Scotland <input type="checkbox"/> Southern United States of America (Check one Chapter) <ul style="list-style-type: none"> <input type="checkbox"/> Boston Area (Eastern Massachusetts, Maine, and New Hampshire) <input type="checkbox"/> Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee) <input type="checkbox"/> Chesapeake Bay Area (Maryland; Washington, D.C.; and Northern Virginia) <input type="checkbox"/> Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware) <input type="checkbox"/> Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky) <input type="checkbox"/> Greater Los Angeles (Los Angeles; Orange, Ventura, and Riverside Counties) <input type="checkbox"/> Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota) <input type="checkbox"/> New England (Connecticut, Western Massachusetts, Rhode Island, Eastern and Upstate New York, Vermont and New Hampshire) <input type="checkbox"/> New Jersey (New Jersey, New York, and Northeastern Pennsylvania) <input type="checkbox"/> Pacific Northwest (Washington and Oregon) <input type="checkbox"/> Puerto Rico (Puerto Rico) <input type="checkbox"/> Rocky Mountain (Colorado, Utah) <input type="checkbox"/> San Diego (San Diego, north to south Orange County) <input type="checkbox"/> San Francisco Bay Area (Northern California) <input type="checkbox"/> South Central (Texas, Oklahoma, and Louisiana) | <div style="border: 1px solid black; border-radius: 15px; padding: 10px; display: inline-block;"> <input type="checkbox"/> I do not wish to join an Affiliate or Chapter </div> |
|---|---|---|

01/07



STUDENT MEMBERSHIP APPLICATION

WHAT IS YOUR PRIMARY COMPANY TYPE? (Select 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 Materials
- 20. Software/Hardware Products
- 21. Chemicals/Intermediates

Academia

- 22. Academia

Public Authority/Government

- 23. Public Authority/Government

- 99. Other: _____

WHAT IS YOUR PRIMARY AREA OF EXPERTISE? (Select one)

- A. Architect/Engineer/Construction
- B. Clinical/Investigational Materials
- 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:

- 1-4
- 5-14
- 15-19
- 20 and more years

I hereby apply for membership in ISPE and certify that all statements made in this application are correct, and if elected to membership, agree to be governed by the Society Bylaws.

Applicant's Signature _____

Date _____

MEMBERSHIP PAYMENT INFORMATION

Student Members: Individuals enrolled full time at a college, university, or other educational institution. Please attach proof of full time status. 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.

- US Dollars \$15
- Euros €15

Emerging Economy Students: Individual Students residing in an emerging economy country may receive a discount on dues through the local ISPE Affiliate. For a list of eligible countries, please visit www.ispe.org/emergingconomylist. Please contact the local ISPE Affiliate in your area for complete details and rates.

Payment or credit card information MUST accompany application. No purchase orders accepted. FEI #59-2009272

- Check enclosed payable to ISPE # _____
In the amount of \$ _____ (Drawn on a US bank) or € _____
- Credit Card Type: VISA MC/EUROCARD AMEX

Card Number _____ Exp. Date _____

Name of Cardholder (As it appears on card) _____

Cardholder Signature _____

Prices good through 31 December 2007. After 31 December 2007, please contact ISPE for current rates.

ISPE Headquarters
(US Dollars Accepted)
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Tampa, Florida 33607 USA
Tel: +1-813-960-2105
Fax: +1-813-264-2816
E-mail: customerservice@ispe.org

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Avenue de Tervueren, 300
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Fax: +32-2-743-1550
E-mail: ispe@associationhq.com

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(US Dollars Accepted)
73 Bukit Timah Road
#03-01 Rex House
Singapore 229832
Tel: +65-6330-6755
Fax: +65-6336-2263
E-mail: asiapacific@ispe.org

Application Checklist:

- Fully completed membership application
- Payment
- Proof of full-time student status

Acceptable Proof:
Current semester schedule showing number of credits,
Transcript (official or unofficial) with number of current credits,
University letter stating "full-time student", or
University Web site page stating the date and "full-time student"