



2015 HISCI Member Application

For any questions related to membership please contact:
Phone 202.367.1185 ♦ Fax 202.367.2185

****HISCI Membership expires on an anniversary basis. If you join in April, you expire the following April. Members must renew each year to remain a member within the organization.**

Step 1: Company Information

(*indicates a required field)

Company Name*: _____

Company web site*: _____

COMPANY SIZE (by revenue):

- Under 5 Million in Annual Sales Revenue
- Between 5 Million and 10 Million in Annual Sales Revenue
- Over 10 Million in Annual Sales Revenue

INDUSTRY:

- Supplier
- Manufacturer
- Wholesale
- Distributor
- Consultant
- Other (please list) _____

COMPANY SIZE (by number of employees):

- Under 100
- 100—500
- 500-1,000
- Over 1,000

Step 2: Contacts

PRIMARY CONTACT

First Name Last Name

Title

Address

City State Zip

Phone Fax

E-mail Address

CEO CONTACT

First Name Last Name

Title

Address

City State Zip

Phone Fax

E-mail Address

Step 3: Questionnaire

Please summarize in 100 words or less the nature of your business and include where the company is headquartered, how long in business, etc. (Attach additional sheet if necessary)

Please review the following statements and check all that may apply:

- I am interested in enhancing my involvement in HISCI through volunteer opportunities: i.e. Steering Committees, Task Forces and Working Groups.

- I am interested in learning more about corporate sponsorship opportunities available during the International EXPO, National Pharmacy Forum and other educational conferences.

Step 4: Payment

ANNUAL MEMBERSHIP FEE:

- Under 5 Million in Annual Sales Revenue\$1,500
- Between 5 and 10 Million in Annual Sales Revenue\$3,500
- Over 10 Million in Annual Sales Revenue.....\$5,300

PAYMENT TYPE

- I will send a check in the amount of \$ _____ to HISCI Headquarters.

If you wish to pay by credit card, please contact the HISCi offices at info@hiscionline.org or 202.367.1185.

THANK YOU

Your application is complete.

Please fax application to HISCi Headquarters at 202.367.2185 or send via mail to:

Lockbox Address for First Class Mail only:

HISCI
8637 SOLUTION CENTER
CHICAGO IL 60677 - 8006

All overnight delivery by special couriers (UPS, FEDEX, DHL, etc) should be sent to the actual processing site address listed below and show Lockbox Number and Company Name.

HISCI
LOCKBOX NUMBER 778637
350 EAST DEVON AVE
ITASCA IL 60143