



Supplier Membership Application

Please type or print clearly. *Indicates a required field.

COMPANY INFORMATION

Company Name*

Street Address*

City*

State/Province*

Zip*

Country

Telephone*

Fax*

Website*

Key Contact*

Job Title*

Check here if address is same as above, if not please add below.

Telephone*

Email*

Street Address*

City*

State/Province*

Zip*

Country

Supplier Membership Levels (check the category for which you are applying)

Silver Level:

- \$0 - \$24 million.....\$2,750
- \$25 to \$49 million.....\$3,500
- \$50 to \$74 million.....\$6,000
- \$75 to \$100 million.....\$6,750
- Over \$100 million.....\$7,500

Gold Level:\$15,000

This category is available to anyone who prefers the higher level of benefits available.

- Webinar with NHIA staff expert(s) – (1x)
- Broadcast email to NHIA membership sent by NHIA – (1x)
- Web ad in Infusion Express – (3x)

Company Official Authorizing Membership (print)

Title

Signature

Date

Select/complete desired payment method below:

Enclosed is a check** (#_____)made payable to NHIA.

Charge: Visa MasterCard American Express Discover \$Amount _____

Account Number

Exp. Date

Billing Zip-Code

Signature (required)

Name on Card

Mail: NHIA
PO Box 222831
Chantilly, VA 20153-2831
Fax: 888-206-1532

** Checks must be made payable in U.S. dollars to NHIA

Questions: Call NHIA's Membership Department at 703-549-3740, or email info@nhia.org or mail to: 100 Daingerfield Rd, Alexandria, VA 22314

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Supplier Member Company Roster

Please type or print clearly

Please add the staff below to the following Company/Branch location:

Company/Branch Information: Corporate Location Branch

Company Name

Name, Designations

Address

title

City, State, Zip

Telephone, Fax

Telephone, Website URL

Email

Marketing Contact

Name, Designations

Name, Designations

title

title

Telephone, Fax

Email

Email

Sales/Advertising Contact

Name, Designations

Name, Designations

title

title

Telephone, Fax

Email

Email

Exhibit Contact

Name, Designations

Name, Designations

title

Telephone, Fax

Telephone, Fax

Email

Email

Name, Designations

Name, Designations

title

title

Telephone, Fax

Telephone, Fax

Email

Email

Name, Designations

Name, Designations

title

title

Telephone, Fax

Telephone, Fax

Email

Email

Please make copies of this form to add additional staff.