

ISPE Change of Information Form

ISPE HEADQUARTERS

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ISPE EUROPEAN OFFICE

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Check here if you want your ISPE mail to be sent to your home address.

ISPE ID # _____



The Leading Global Society for
Healthcare Technology Professionals

First Full Name (no initials) _____ Middle _____ Last Name (include suffix and/or professional designation) _____

Nickname / Name to be used on name badge _____ Job / Occupation Title _____

Official Company Name or University (for a full-time student) _____

Business Street Address _____ Suite _____

PO Box _____ Mail Stop Code _____

City or Suburb _____ State / Province _____ Zip+4 / Postcode _____

Country _____ Web Site Address _____

Business Telephone _____ Business Fax _____

Business E-Mail Address _____

Home Address _____ Apartment _____

City or Suburb _____ State / Province _____ Zip+4 / Postcode _____

Home Telephone _____ Home Fax _____

Cell Phone (optional) _____ Alma Mater most appropriate _____

Home E-Mail Address _____

- I wish to keep my data confidential and it is given only for use by ISPE and its local chapters and affiliates.
 Member business information is included in the Membership Directory and on Conference Attendee Listings. Check here if you **DO NOT** want to be included on these lists.

AFFILIATE or CHAPTER (select one)

International Affiliates

- | | | |
|--|--|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Germany/Switzerland | <input type="checkbox"/> Singapore |
| <input type="checkbox"/> Melbourne | <input type="checkbox"/> Ireland | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Sydney | <input type="checkbox"/> Italy | <i>(must check which UK region)</i> |
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Japan | <input type="checkbox"/> Central |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> The Netherlands | <input type="checkbox"/> North East |
| <input type="checkbox"/> Czech Republic/Slovakia | <input type="checkbox"/> Nordic | <input type="checkbox"/> North West |
| <input type="checkbox"/> France | <input type="checkbox"/> Poland | <input type="checkbox"/> Southern |

I do not elect to be a member of an affiliate.

North American Chapters

- | | | |
|--|---|---|
| <input type="checkbox"/> Boston Area | <input type="checkbox"/> Greater Los Angeles Area | <input type="checkbox"/> Rocky Mountain |
| <input type="checkbox"/> Carolina-South Atlantic | <input type="checkbox"/> Midwest | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Central Canada | <input type="checkbox"/> New England | <input type="checkbox"/> San Francisco/Bay Area |
| <input type="checkbox"/> Chesapeake Bay Area | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Central |
| <input type="checkbox"/> Delaware Valley | <input type="checkbox"/> Pacific Northwest | |
| <input type="checkbox"/> Great Lakes | <input type="checkbox"/> Puerto Rico | |

I do not elect to be a member of a chapter.

COMPANY'S PRIMARY BUSINESS CATEGORY (select one)

- | | | |
|---|--|--|
| <input type="checkbox"/> A. Pharmaceutical Integrated Mfr | <input type="checkbox"/> H. Bulk Chemical Manufacturer | <input type="checkbox"/> N. Equipment Distributor/Rep. |
| <input type="checkbox"/> B. Pharmaceutical Contract Mfr | <input type="checkbox"/> I. Architect/Eng Consulting | <input type="checkbox"/> O. Manufacturing Supplies/Raw Materials |
| <input type="checkbox"/> C. Pharmaceutical Generic Mfr | <input type="checkbox"/> J. Construction Management | <input type="checkbox"/> P. Facilities and Maintenance Services |
| <input type="checkbox"/> D. Biopharmaceuticals | <input type="checkbox"/> K. Construction Contractor | <input type="checkbox"/> Q. Packaging |
| <input type="checkbox"/> E. Medical Device/Diagnostics | <input type="checkbox"/> L. Technical Consulting | <input type="checkbox"/> R. Clinical Materials |
| <input type="checkbox"/> F. University | <input type="checkbox"/> M. Original Equipment Mfr | <input type="checkbox"/> S. Other GMP Related Industries |
| <input type="checkbox"/> G. Government | | |

(please specify)

JOB FUNCTION CATEGORY (select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Operations/Manufacturing | <input type="checkbox"/> 8. Validation | <input type="checkbox"/> 15. Field Engineering |
| <input type="checkbox"/> 2. Project Management | <input type="checkbox"/> 9. Senior Mgmt/Senior Admin | <input type="checkbox"/> 16. Facilities Engineering |
| <input type="checkbox"/> 3. Engineering Support | <input type="checkbox"/> 10. Human Resources | <input type="checkbox"/> 17. QC |
| <input type="checkbox"/> 4. Maintenance/Plant Eng | <input type="checkbox"/> 11. Purchasing/Contract Mgmt | <input type="checkbox"/> 18. Computer and Process Control |
| <input type="checkbox"/> 5. Research/Development | <input type="checkbox"/> 12. Regulatory/Compliance/QA | <input type="checkbox"/> 19. Training |
| <input type="checkbox"/> 6. Process Development | <input type="checkbox"/> 13. Safety/Environmental | <input type="checkbox"/> 20. Student/Faculty |
| <input type="checkbox"/> 7. Sales/Marketing | <input type="checkbox"/> 14. Technical Services | <input type="checkbox"/> 21. Clinical Materials |

JOB TITLE CATEGORY (select one)

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. President/Chairman/CEO | <input type="checkbox"/> 5. Mgr/Dept Head | <input type="checkbox"/> 9. Technical Professional |
| <input type="checkbox"/> 2. Vice President | <input type="checkbox"/> 6. Supervisor | <input type="checkbox"/> 10. Technician |
| <input type="checkbox"/> 3. Gen Mgr/Plant Mgr | <input type="checkbox"/> 7. Section/Group Leader | <input type="checkbox"/> 11. Retired |
| <input type="checkbox"/> 4. Director | <input type="checkbox"/> 8. Engineer/Architect | <input type="checkbox"/> 12. Student/Faculty |

Signature _____ Date _____