



REQUIRED EXPERIENCE FOR HEALTHY CAREERS

**Corporate Partner Application for Calendar Year 2010**

*(Note: This is a writeable PDF. Please key in your information, save and send as an email attachment)*

Corporate Partner support is based upon the prior year *gross* revenue of the company. Please see the rate chart provided below. Please complete information requested below and email to Lisa Bitten, HBA Corporate Partner Program Administrator at [Lisa@HBAnet.org](mailto:Lisa@HBAnet.org); *and* Marianne Fray, Director of Corporate Development at [mfray@HBAnet.org](mailto:mfray@HBAnet.org). You may reach Lisa by phone at (973) 575-0606, or Marianne at (856) 701-8186.

**CORPORATE PARTNER TIERS:**

Company Revenue (USD)	US Annual Rate (USD)	Tier #
\$30+ billion	\$25,000	Tier #1
\$20 – 29 billion	\$20,000	Tier #2
\$1 - \$19 billion	\$15,000	Tier #3
\$500-999 million	\$10,000	Tier #4
\$50-499 million	\$ 5,000	Tier #5
\$0-49 million	\$ 2,500	Tier #6

**COMPANY NAME:** \_\_\_\_\_

**BILLING CONTACT\***

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPANY CONTACT\* If Different Than Billing Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**INDUSTRY SECTOR Please choose one**

- Pharmaceuticals
- Biotechnology
- Medical Devices
- Consulting
- Services (Marketing etc.)
- Other (please specify) \_\_\_\_\_

\* The **BILLING CONTACT** is the person authorized to sign and make payments on the Corporate Partner’s account.  
 \* The **COMPANY CONTACT** is the Point of Contact for all HBA matters and ensures that time-sensitive communications go to the correct person(s) within your organization.



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**COMPLIMENTARY INDIVIDUAL MEMBERSHIPS**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: (if different from billing contact address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: (if different from billing contact address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_