

PHARMA/MED DEVICE DETAIL

Company Information

Company _____
Division of _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Web _____
Email _____

Company Services Provided — please keep description brief (50 words or less) and factual:

Company Classification: Check all classifications in which you have a significant involvement

- Pharmaceutical Device/Equipment Biotechnology Company Manufacturer Distributor
- | | |
|---|---|
| <input type="checkbox"/> Rx/Ethical Pharmaceuticals | <input type="checkbox"/> Orthopedic & Prosthetic Equipment & Supplies |
| <input type="checkbox"/> OTC/Proprietary Pharmaceuticals | <input type="checkbox"/> Ostomy Equipment & Supplies |
| <input type="checkbox"/> Generic Pharmaceuticals | <input type="checkbox"/> Magnetic Resonance Imaging |
| <input type="checkbox"/> Anesthesia Equipment & Products | <input type="checkbox"/> Pain Management Systems |
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Parenteral Equipment |
| <input type="checkbox"/> Biological & Environmental Safety Products | <input type="checkbox"/> Parenteral Supplies |
| <input type="checkbox"/> Biotechnology/Biopharmaceutical Products | <input type="checkbox"/> Patient Aid Products |
| <input type="checkbox"/> Cardiovascular Equipment | <input type="checkbox"/> Patient Monitoring Equipment |
| <input type="checkbox"/> Cardiovascular Supplies | <input type="checkbox"/> Pharmaceutical Manufacturing Supplies & Equipment |
| <input type="checkbox"/> Dental Equipment | <input type="checkbox"/> Physical Therapy/Rehabilitation Equipment & Supplies |
| <input type="checkbox"/> Dental Supplies | <input type="checkbox"/> Physicians Equipment |
| <input type="checkbox"/> Diagnostic Equipment & Instruments | <input type="checkbox"/> Physicians Supplies |
| <input type="checkbox"/> Diagnostic Reagents & Test Kits | <input type="checkbox"/> Radiopharmaceuticals |
| <input type="checkbox"/> Dietary, Nutritional & Vitamin Supplements | <input type="checkbox"/> Renal Dialysis Supplies |
| <input type="checkbox"/> Disposable Medical Devices & Supplies | <input type="checkbox"/> Respiratory Therapy and/or Cardiopulmonary Equip. |
| <input type="checkbox"/> Drug Delivery Systems | <input type="checkbox"/> Respiratory Therapy and/or Cardiopulmonary Supplies |
| <input type="checkbox"/> EMS Equipment & Supplies | <input type="checkbox"/> Skin/Wound Care Products |
| <input type="checkbox"/> Endoscopy Instruments & Equipments | <input type="checkbox"/> Sleep Diagnostic/Therapeutics |
| <input type="checkbox"/> Home Healthcare | <input type="checkbox"/> Sterilization Equipment |
| <input type="checkbox"/> Hospital Equipment & Supplies | <input type="checkbox"/> Sterilization Supplies |
| <input type="checkbox"/> Hospital Furniture | <input type="checkbox"/> Surgical Disposables |
| <input type="checkbox"/> Implants & Infusion | <input type="checkbox"/> Surgical Instruments |
| <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> Surgical Supplies |
| <input type="checkbox"/> Laboratory Supplies | <input type="checkbox"/> Ultrasonic Equipment |
| <input type="checkbox"/> Magnetic Resonance Imaging | <input type="checkbox"/> Ultrasound & Electromedical Equipment & Supplies |
| <input type="checkbox"/> Medical Software | <input type="checkbox"/> Urinary Equipment |
| <input type="checkbox"/> Nuclear & Radiological Equipment | <input type="checkbox"/> Urinary Supplies |
| <input type="checkbox"/> Nuclear & Radiological Supplies | <input type="checkbox"/> Animal Health Products |
| <input type="checkbox"/> Ophthalmic Equipment | <input type="checkbox"/> X-Ray Equipment |
| <input type="checkbox"/> Ophthalmic Supplies | <input type="checkbox"/> X-Ray Supplies |

STAFF DETAIL

Using the following titles in each section as a guide, please provide name, exact title, direct-dial or extension numbers, and e-mail address of your personnel. Please add additional titles separate sheet of paper if necessary.

General Management

*Chairman/CEO
President
Executive VP
VP, Operations*

*VP, Manufacturing
General Manager
Director, Human Resources
Production/Traffic Manager*

Name: _____ DD or ext: _____
Title: _____ Email: _____

Name: _____ DD or ext: _____
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Name: _____ DD or ext: _____
Title: _____ Email: _____

Marketing Management

*VP, Marketing
Director, Business Development
Director, Production Development
Director, Market Planning*

*Social Media
Digital Strategy
Internet Marketing
Marketing Manager*

Name: _____ DD or ext: _____
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Title: _____ Email: _____

Product & Brand Management

*Business Unit Director
Team Leader
Group Product Manager*

*Product Manager
Brand Manager
Assoc. Product Manager*

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Name: _____ DD or ext: _____

Title: _____ Email: _____

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Title: _____ Email: _____

Advertising & Promotion

*Director, Corp. Communications
Promotion Manager
Advertising Manager*

*Public Relations Manager
Meetings & Conventions Manager
Exhibit Manager*

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Research & Development/Regulatory Affairs

*Medical Affairs
Regulatory Affairs & Quality Assurance
Clinical Research*

*Compliance
Clinical Development
R&D*

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Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Sales

*VP, Sales
Director, Sales
National Sales Manager*

*Sales Training
Pricing & Reimbursement
Customer Service*

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Market Research

*Director, Market Research
Market Research Manager*

*Sr. Analyst
Analyst*

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Place my order for the July 2010 PMD now!

Completed by: _____

Signature: _____

Date: _____

Phone: _____

Email: _____



Thank you. Please fax completed form to 561-665-6010 or email to anne@pmdcentral.com