



**IFSO Corporate Partnership Application Form**

**COMPANY CATEGORY**

- CONSULTING & PROGRAM DEVELOPMENT
- EQUIPMENT
- IMAGING
- INSTRUMENTS/DEVICES
- INSURANCE
- MEDICAL PUBLISHING
- OUTPATIENT SURGERY CENTERS
- PHARMACEUTICALS
- SOFTWARE & SERVICES
- SUPPLEMENTS/NUTRITION
- SUPPORT
- WEB SERVICES & DESIGN

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

CATEGORY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CORPORATE MEMBERSHIP ANNUAL FEES:**

- PLATINUM LEVEL: \$15,000
- GOLD LEVEL: \$7,000
- SILVER LEVEL: \$3,500

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_