



EXPRESSION OF INTEREST FORM

_____ I would like my organization to become a member of BioMed SA. Please get back to me with information on membership dues.

Please mark one of the membership classifications below that best suits your organization:

- _____ Physicians and Physician Groups
- _____ Hospitals and Specialty Providers
- _____ Medical Manufacturers (Biotechnology companies)
- _____ Research Organizations
- _____ Public Universities and Colleges
- _____ Private Universities and Colleges
- _____ Health Science Centers
- _____ Associations and Foundations
- _____ U.S. Military Hospitals & Healthcare Organizations
- _____ Community-At-Large

_____	_____
Company/Organization Name	Name of Representative
_____	_____
Email Address	Phone Number

Number of Employees	

PLEASE FAX TO: DONNA MILLER
EXECUTIVE ASSISTANT TO THE PRESIDENT
BIOMED SA
FAX: (210) 229-1600

**If you have any questions or need further information,
Please call Donna at (210) 229-2118**