

COMPANY INFORMATION

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Web Address: _____

CEO: _____

Email: _____

Telephone Number: _____

Fax Number: _____

Assistant: _____

Assistant Telephone Number: _____

Assistant Email: _____

CONTACT INFORMATION Please complete all applicable fields

MAIN CONTACT

Name: _____

Title: _____

Phone: _____

Email: _____

CHIEF LEGAL OFFICER

Name: _____

Title: _____

Phone: _____

Email: _____

CHIEF FINANCIAL OFFICER

Name: _____

Title: _____

Phone: _____

Email: _____

GOVERNMENT RELATIONS CONTACT

Name: _____

Title: _____

Phone: _____

Email: _____

CHIEF SCIENTIFIC OFFICER

Name: _____

Title: _____

Phone: _____

Email: _____

PURCHASING AGENT CONTACT

Name: _____

Title: _____

Phone: _____

Email: _____

CHIEF BUSINESS OFFICER

Name: _____

Title: _____

Phone: _____

Email: _____

HUMAN RESOURCES CONTACT

Name: _____

Title: _____

Phone: _____

Email: _____

MEMBERSHIP TYPE

BASE MEMBER

- | | | |
|---|---|---|
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Medical Device | <input type="checkbox"/> Digital Health |
| <input type="checkbox"/> Diagnostic | <input type="checkbox"/> CRO Performing Pre-Clinical R&D Services | <input type="checkbox"/> Funding & Investment |
| <input type="checkbox"/> Pharmaceutical | | |

ASSOCIATE MEMBER

- | |
|---|
| <input type="checkbox"/> CRO Performing Clinical Trial & Data Management Services |
| <input type="checkbox"/> Contract Manufacturing |
| <input type="checkbox"/> Laboratory Services |
| <input type="checkbox"/> Service Provider
(Legal, Accounting, Insurance, Marketing, Real Estate, etc.) |

BASE MEMBERS

Organizations involved in biotechnology or pharmaceutical research and development, drug discovery, medical device development, and contract research organizations involved in preclinical research. Membership dues are based on the number of employees.

Annual Membership Dues are:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 – 10 employees – \$350 | <input type="checkbox"/> 101 – 250 employees \$2,500 | Investors
Funds <\$50M - \$2,750 |
| <input type="checkbox"/> 11 – 20 employees – \$750 | <input type="checkbox"/> 251 – 500 employees \$4,000 | Funds \$50M - \$250M - \$5,400 |
| <input type="checkbox"/> 21 – 100 employees – \$1,500 | <input type="checkbox"/> 501 and more employees \$6,000 | Funds >\$250M - \$8,000 |

☐ Lab Onsite

Number of FTE Employees in Texas: _____

AREAS OF FOCUS

Check all that apply

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Autoimmune/Inflammatory | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Cancer/Oncology | <input type="checkbox"/> Genetic Disorders | <input type="checkbox"/> Nutrition/Metabolism | <input type="checkbox"/> Tissue Engineering |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hematological | <input type="checkbox"/> Pain | <input type="checkbox"/> Transplant Medicine |
| <input type="checkbox"/> Central Nervous System | <input type="checkbox"/> Immune System | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Regenerative Medicine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Renal | <input type="checkbox"/> Rare Disease/
Orphan Drug |
| <input type="checkbox"/> Eye and Ear | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Reproductive Medicine | |

ASSOCIATE MEMBERS

Businesses providing consulting and business services to the life sciences industry. Membership dues are based on the number of employees.

Annual Membership dues are:

- ☐ Sole Proprietor - \$375
- ☐ 1 – 20 employees – \$1,000
- ☐ 21 – 100 employees – \$2,500
- ☐ 101 – 250 employees – \$3,500
- ☐ 251+ employees – \$5,000

UNIVERSITY/NONPROFIT/COLLEGE

Annual Membership dues are:

- ☐ University/Research Institution (<\$40M Research) – \$1,500
- ☐ University/Research Institution (<\$50M Research) - \$3,000
- ☐ University/Research Institution (<\$75M Research) - \$5,000
- ☐ Nonprofit – \$350
- Hospital/Clinics – \$3,000
- Patient Advocacy Group

Gold Sponsorship

MIC's Gold Sponsorship category offers companies, organizations and institutions access to MIC's growing membership portfolio to raise your profile, develop your pipeline, increase your customer base, and stay abreast of industry trends through our educational programs. Leverage MIC's considerable convening power to address and influence the issues impacting your business. Eligibility to the gold sponsor includes any qualified member company interested in joining North Texas' premier life sciences community.

Annual Commitment: \$10,000

PREMIUM SPONSORSHIP

MIC's Premium Sponsorship offers companies, organizations and institutions a combined package of annual membership plus advanced event sponsorship. Designing your membership experience from the outset allows your company to gain meaningful access, target strategic event involvement and lock in the visibility opportunities that mirror your sponsorship objectives. Eligibility to this Premium Sponsorship category includes any qualified member company that commits to a combined annual spend equal to or greater than \$15,000 in event program sponsorship plus membership dues.

Annual Commitment: \$15,000

Please include a brief description of your company with your application.

Include any social media addresses, such as Twitter handle, LinkedIn Company Page, and Facebook company page.

Completed applications can be sent to Harold Strong, h.strong@micntx.org

PAYMENT OPTIONS

☐ Our Payment is enclosed.

Please make checks payable to:

Medical Innovation Collaborative

☐ We would like to pay with a credit card.

☐ We would like to pay by check.
Please email an invoice to:

Application Date: _____