

# SERVICE PARTNER MEMBER APPLICATION

Membership application requires approval.

**Name:** \_\_\_\_\_

**Company & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Brief Job Description:**

**Products Manufactured: (Brief Description/List)**

## COMPANY PROFILE

### MARKET CHANNEL

- MED-SURG DISTRIBUTION
- DIRECT CONTRACT MFR REPS
- DIRECT SALES FORCE
- OTHER:

### PRODUCT LINE

- DISPOSABLES
- EQUIPMENT
- DIAGNOSTICS
- OTHER:

### ANNUAL REVENUE

- SMALL: \$1-\$20 million
- MID-SIZE: \$20-\$99 million
- LARGE: \$100 million+

### GEOGRAPHY SERVED

- GLOBAL
- DOMESTIC (U.S. ONLY)

## PAYMENT INFORMATION:

HMMC Membership is \$695 annually or \$1,198 for two years\*

- CREDIT CARD PAYMENT - Contact the HMMC Office at 609-297-2211
- CHECK OR MONEY ORDER - Made payable to *HMMC*

Send payment to:

HMMC  
Attn: Kathy Martin  
191 Clarksville Road, Princeton Junction, NJ 08550

Email application to:

HMMC@HMMC.com



\*All conference fees and sponsorships are paid separately.