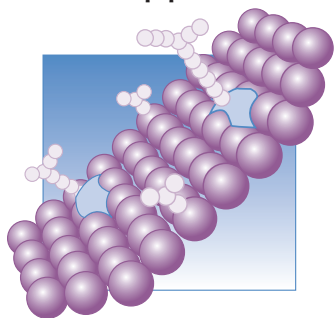


Application for Membership • Surfaces in Biomaterials Foundation



Join the Foundation that brings together the leaders in the surface science community

The Surfaces in Biomaterials Foundation is dedicated to exploring creative solutions to technical challenges by fostering education and multidisciplinary cooperation among industrial, academic, clinical and regulatory communities.

Why join the Surfaces in Biomaterials Foundation?

- Have your voice heard and your interests represented within the surface science and biomedical community
- Join a forum that fosters discussion and sharing of surface and interfacial information while protecting proprietary industrial interests
- Help develop and manage workshops and symposia that further the worldwide education of surface science
- Promote the understanding of interfacial issues common to researchers, biomedical engineers and material scientists

Additional Benefits

- First opportunity at sponsorship and exhibits at the annual BioInterface Conference
- Substantial discounts on registration fees at BioInterface (company membership entitles all employees to discounted rates)
- Discounted advertising rates in the SurFACTS newsletter and website
- Placement of your company logo on the Surfaces website (www.surfaces.org), 50-word description of your company and link to your company website
- Membership lasts 12 months from start of calendar year.

For more information visit our website at www.surfaces.org.

Please print or type

First Name _____
Last Name _____
Title _____
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State/Province _____ ZIP/Postal Code _____
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Type of Membership (check one)

- Individual \$50.00
 Student \$50.00
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 Supporting \$2,500.00
 Supporting \$2,000.00 (companies with 50 or fewer employees)

Voting Representative

Name _____
Email _____

Marketing Representative

Name _____
Email _____

Payment Method

Check enclosed, made payable to the Surfaces in Biomaterials Foundation (must be drawn in U.S. dollars from a U.S. bank)

Credit Card

American Express VISA/MasterCard

Name as it appears on Card _____

Credit Card # _____

Expiration Date _____ 3 Digit Sec. Code (req.) _____

Signature _____

Return Form to:

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