

# APPLICATION

The following information will be kept on file for our records. Please let us know when updates are needed. Please duplicate this form for multiple listings.

Information for our files - COMPANY NAME:

Contact Person:

Phone:

Fax:

e-mail:

Mailing Address:

City:

State

Zip Code

Please check the categories of which your product(s) should be listed under. If your product does not fall under any listed, please place under "Other" and explain. Thank

## VASCULAR ACCESS

Catheters	Ports	Dressings	Filters	Sharps Containers
Safe Needles, Needleless Systems or Connection Systems				Teaching Aids
Flushing Devices	Prefilled Syringes	Prep Swabs	Other	

## AMBULATORY INFUSION DEVICES

Membrane Infusors	Pressure Controlled Infusors
Electric Syringe Pumps	Programmable Electronic Pumps

## CLEAN ROOMS AND ALTERNATIVES

### HOODS

### CONSULTING, BILLING AND MANAGEMENT SERVICES

### COMPUTER SOFTWARE

### GROUP PURCHASING

### PUBLICATIONS

### OTHER PRODUCTS OR SERVICES

**Signature**

Please see page 3 in the "Media Kit" for pricing.  
Thank you for your support!

**Total Page(s)**

**Total** \_\_\_\_\_

Please send text, graphics, table information and payment in with your application. If you have any questions about the materials in this package, please do not hesitate to call Sheri Karanasos at 253-272-0360.