**REQUEST FOR PARTNERSHIP[[1]](#footnote-1)**

 **Personal information:**

SALUTATION:[ ]  Ms. [ ]  Mr. [ ]  Prof. [ ]  Dr.

FIRST NAME:

SURNAME:

FUNCTION:

E-MAIL ADDRESS:

 **Company information:**

NAME OF THE COMPANY (IF APPLICABLE):

LEGAL ENTITY (*I.E. NV/SA, BVBA/SPRL…*) (IF APPLICABLE):

REGISTERED OFFICE ADDRESS:

WEBSITE:

VAT NUMBER (IF APPLICABLE):

 **Type(s) of services offered by your company:**

 **To be eligible to become a partner of pharma.be, the following criteria should all be met. Please confirm and/or comment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| The partner offers services to innovative (bio)pharmaceutical companies |[ ] [ ]   |
| The partner has no existing partnerships with other associations whose missions and values do not align with those of pharma.be |[ ] [ ]   |
| While providing services, the partner respects at all time any applicable legislation and ethical standard |[ ] [ ]   |

**Please indicate the pharma.be member companies that are actually profiting from your services (if applicable)[[2]](#footnote-2):**

**Please indicate which partner package[[3]](#footnote-3) you wish to subscribe to:**

[ ]  PUBLIC HEALTH

[ ]  ACCESS

[ ]  PUBLIC AFFAIRS and LAW & ETHICS

[ ]  ANIMAL HEALTH

**Please indicate if you wish to purchase additional extranet logins3:**

[ ]  NO

[ ]  YES

Please indicate the amount:

1. *Partnership will only be concluded after validation of the request for partnership by pharma.be and after all parties have signed the partnership agreement.* [↑](#footnote-ref-1)
2. *Unless not allowed by contractual obligations imposed by your client(s). In that case: please indicate the number of pharma.be member companies that you are providing services to.* [↑](#footnote-ref-2)
3. *Prices are available in our brochure:* [*French*](https://pharma.be/fr/a-propos-de-nous/loffre-de-partenariat-de-pharmabe) */* [*Dutch*](https://pharma.be/nl/over-ons/het-partneraanbod-van-pharmabe)*.* [↑](#footnote-ref-3)