

Organizational Application Form

Our company wishes to be a member of the Hungarian
 Biotechnology Association

Company name:
 Tax number:
 Postal address:
 Phone: Fax: E-mail:
 Website:
 CEO's name:
 Contact person's name: Phone:
 Fax: E-mail:
 Description of activities:

 Number of employees:
 Other remarks:

Date:
 Signature

Categories of HBA membership (please tick your choice):

Annual membership fee

Regular Member

- | | | |
|--------------------------|-------------|--------------------------|
| Corporate | HUF 255,000 | <input type="checkbox"/> |
| Small and medium size | HUF 125,000 | <input type="checkbox"/> |
| Micro | HUF 65,000 | <input type="checkbox"/> |
| Sponsoring Member | HUF 65,000 | <input type="checkbox"/> |

Payment method:

Bank transfer* Cash (CIB Bank) Postal cheque

Please send the invoice to the following name and address:

* HBA's tax number: 18471227-2-06
 Bank account number: 11100403-18471227-36000001
 Bank: CIB Bank

How did you learn about the Hungarian Biotechnology Association?

Would you like your company's link to be included in HBA's website? Yes No

Would you like to participate in the activities of any of HBA's committees? Yes* No

*Please choose from the following committees:

- | | | | |
|--|--------------------------|------------------------------|--------------------------|
| Healthcare Biotech and Diagnostics | <input type="checkbox"/> | Science Policy and Education | <input type="checkbox"/> |
| Agri-Food Biotech | <input type="checkbox"/> | Scientific and Bioethics | <input type="checkbox"/> |
| White Biotech | <input type="checkbox"/> | EU | <input type="checkbox"/> |
| Investment and Trade Development | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Communication and Information Resource | <input type="checkbox"/> | Bioinformatics | <input type="checkbox"/> |

Please return via e-mail or fax and also via regular mail:
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