

**PHARMACEUTICAL AND MEDICAL DEVICE LABELING COMMITTEE (PMDLC)
HOST APPLICATION**

Company Name _____ Date: _____

Address(s): _____

Contact Person: _____ Title: _____

Phone: _____ FAX : _____

E-mail: _____

Company website, if available: _____

Primary Business: _____

Primary Products: _____

% Sales in Pharmaceutical Industry: _____

Other support services provided to customers (art, design, etc.):

Have you ever hosted this committee? _____ If yes, when? _____

Where? _____ What was presented? _____

1. How does your business serve the pharmaceutical industry?

2. Where would the PMDL Committee meeting be held?

3. State the technologies that would be presented, displayed or toured if you were to host a committee meeting. Please provide some detail. Use additional space if required.

4. What benefit would be realized by committee members if your company were to host the PMDL Committee?

5. How soon could you be prepared to host?