



VENDOR MEMBERSHIP APPLICATION

National Independent Laboratory Association (NILA)

NILA Vendor Membership is for entities that manufacture, produce, distribute, sell, or lease products, supplies, equipment, or services to NILA member laboratories, and who evidence a serious interest in the activities of NILA.

GOLD \$5,000

- FREE Display Table at NILA Meeting
- FREE Recognition in the AAB Bulletin* and on NILA Website
- FREE Commercial message emailed to NILA members (forwarded from NILA Office)
- TWO FREE Full Page Advertisement in the AAB Bulletin
- Receive mailings/alerts/general information from NILA
- Lunch Roundtable presentation at NILA Meeting; OR Infomercial presentation at NILA Meeting

SILVER \$3,500

- FREE Display Table at NILA Meeting
- FREE Half Page Advertisement in the AAB Bulletin
- FREE Recognition in AAB Bulletin and on NILA Website
- Receive mailings/alerts/general information from NILA

*AAB (American Association of Bioanalysts) is the parent organization of NILA.

Activate your NILA Vendor Membership by filling in the information below. Return completed form and applicable payment to the National Independent Laboratory Association (NILA), 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, phone: (314) 241-1445, fax: (314) 241-1449, email: nila@nila-usa.org, web: www.nila-usa.org.

Company

(Type or Print)

Mailing Address (Headquarters) _____

City _____ State _____ Zip _____ Telephone _____

Briefly describe your company products and services: _____

Company Website: _____

(Please email your company logo [svg (preferred), png, or jpeg] for recognition on NILA's Website)

Has your company ever been suspended or excluded from participation in Medicare, Medicaid or other Federal or State Healthcare programs? YES NO If yes, please explain: _____

1st Individual Member

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: President Vice President CEO COO CFO Other: _____

Signature _____ Date _____

2nd Individual Member

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: President Vice President CEO COO CFO Other: _____

Signature _____ Date _____

Membership Dues Payment Method (U.S. Dollars ONLY):

Amount enclosed: \$ _____

- Check Money Order Credit Card: American Express MC VISA Discover

Credit Card # _____ CVC _____ Exp. Date ____/____/____

Print Name On Card _____ Signature _____