

# PHARMACEUTICAL PROCESSING 2007 *Supplier Directory*

Complete the form below to ensure your "FREE" listing in the PHARMACEUTICAL PROCESSING 2007 *Supplier Directory*. Then sign and return this form in the enclosed envelope immediately. **Note: The person signing this form should be the contact person if any questions arise regarding the listing. The contact name is not published.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

**A) Corporate Information:** Please provide the following information below to ensure the accuracy of your "FREE" listing in the *Supplier Directory*. If you are a Subsidiary/Division, indicate the name that takes precedence. **Note: Companies listed should be represented by headquarters offices only. No satellite/office branches.**

Company:

Division:

Address 1:

Address 2:

City, State Zip:

Country:

Corporate Phone:

Fax:

Toll Free:

URL:

Check  if you would like more information about linking your home page through PHARMACEUTICAL PROCESSING.

**Indicate International Markets Served:** North America Western Europe Eastern Europe Middle East India  
China Japan Russia Asia Australia Central America South America UK/Ireland

**We are expanding our online supplier directory to include International markets. On separate letterhead please supply us with your company's International sales/service locations.**

**Online Sales Leads Email Address:** You will receive sales leads via the online presence of your directory listings, which are published on our Web page, [www.PharmPro.com](http://www.PharmPro.com). Please provide an email address to which we can send these leads. This email address may also appear in the print version of the directory.

**Email:** \_\_\_\_\_

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**B) Free Product Listing:** If you had information appear last year, please make any additions/deletions to the attached product code listing. **If you will be advertising, please indicate the specific category for your ad placement. "FREE" listings are limited to 10 for non-advertisers. If you list more than 10, please enclose payment of \$10 for each additional listing.**

Please refer to the enclosed Product/Services Index and indicate below the **codes** of the products/services your company provides to the pharmaceutical market. If you do not see a code, and would like to suggest new categories for next year, please send a description on your company letterhead. You are entitled to 10 "FREE" product listings. For additional listings, please see second side of this form.

\_\_\_\_\_  
\_\_\_\_\_

**DEADLINE FOR ALL INFORMATION: MARCH 23, 2007**

**C) Additional Listings:** For each additional listing, there is a charge of \$10. Please enclose payment with this form. Please use additional paper if necessary. **Display advertisers in this edition will receive unlimited “Free” listings in print and online.**

A quick and convenient way to pay for additional listings!

METHOD OF PAYMENT	COMPANY CHECK	MASTER CARD	VISA	AMEX
Credit Card Number _____	Expiration Date _____			
Print name as it appears on card _____				
Authorized Signature _____	Title _____	Date _____		

*Note: Although every attempt will be made to process all listings, we cannot guarantee the accuracy of information submitted after the deadline date indicated below.*

If you have any questions, please contact the PHARMACEUTICAL PROCESSING Directory Department at 973-920-7489, by fax 973-920-7534 or email: [directories@advantagemedia.com](mailto:directories@advantagemedia.com).  
*Return this completed form and your check for additional listings, if applicable, in the enclosed envelope today.*

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