

BIOMARKERS CONSORTIUM MEMBERSHIP

ORGANIZATION

Name: _____

Division (if applicable): _____

PRIMARY BIOMARKERS CONSORTIUM CONTACT

Responsible for overall Biomarkers Consortium coordination

Name: _____ Title: _____

Street: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Tel: _____ Fax: _____

Authorized By: _____ Title: _____

Signature: _____ Date: _____

TYPES OF MEMBERSHIP

Organizations choose one of two membership types:

A. Enterprise Membership*

Size of R&D Budget	Annual Membership	Membership for Three Years
\$3 billion+	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$405,000
\$1-3 billion	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$270,000
\$100 million - \$1 billion	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$135,000
Under \$100 million	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$27,000
Not-for-profit organization	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$13,500

10% MEMBERSHIP DISCOUNT

Members who elect to join for a three-year period receive an up-front 10% discount on membership dues paid in full.

**Includes representation on all Steering Committees*

B. Per-Committee Membership**

Size of R&D Budget	Annual Price Per Committee	Steering Committees
\$3 billion+	<input type="checkbox"/> \$40,000	Cancer <input type="checkbox"/>
\$1-3 billion	<input type="checkbox"/> \$28,000	Inflammation & Immunity <input type="checkbox"/>
\$100 million - \$1 billion	<input type="checkbox"/> \$15,000	Metabolic Disorders <input type="checkbox"/>
		Neuroscience <input type="checkbox"/>

TOTAL AMOUNT

\$ _____

***Includes representation on chosen Steering Committee(s)*

NOTE: Organizations with R&D Budgets under \$100 million and not-for-profit organizations are only eligible for Enterprise Membership and may elect to participate in any steering committee.

STEERING COMMITTEE PRIMARY CONTACTS

Make Steering Committee decisions for organization

Cancer

Name: _____ Title: _____

E-mail: _____ Tel: _____

Inflammation & Immunity

Name: _____ Title: _____

E-mail: _____ Tel: _____

Metabolic Disorders

Name: _____ Title: _____

E-mail: _____ Tel: _____

Neuroscience

Name: _____ Title: _____

E-mail: _____ Tel: _____

BIOMARKERS CONSORTIUM MEMBERSHIP

BILLING/INVOICE CONTACT (if different from Primary Contact)

Receives and processes membership invoices

Name: _____ Title: _____
Street: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Tel: _____ Fax: _____

COMMUNICATIONS CONTACT (if different from Primary Contact)

Approves use of organization logo in Biomarkers Consortium materials

Name: _____ Title: _____
Street: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Tel: _____ Fax: _____

USING NAME/LOGO

Yes, the Biomarkers Consortium and the Foundation for the National Institutes of Health have permission to use organization's name and/or logo in Biomarkers Consortium electronic and print materials. **Please provide logo in .EPS format and organization name as it should be listed.**

RESOURCES

For more information, visit: www.fnih.org/BiomarkersConsortium

Additional Resources:

Nature Reviews Drug Discovery article: <http://www.nature.com/nrd/journal/v13/n11/full/nrd4439.html>

MIT Sloan Management Review article: <http://sloanreview.mit.edu/article/the-art-of-managing-complex-collaborations/>

CONTACT INFORMATION

For more information, please contact the Development Office at: development@fnih.org

The Foundation for the NIH is classified as a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. Contributions are tax deductible to the extent allowed by law. For more information or to receive a copy of the Foundation's annual report, please call (301) 402-5311 or visit www.fnih.org.