



Companies with an interest in the advancement of retinal imaging are eligible to become Corporate Members.

## Corporate Information

Please submit the company name with proper capitalization and spacing, EXACTLY as you wish it to appear on all materials.

Company Name

Company Address

City State Zip/Postal Code

Country Business Main Phone

Business Web URL

Chief Medical Officer or Chief Scientific Officer Business Phone Business E-mail

NOTE: If CMO or CSO will be a Company Representative, please list again on the back page.

## Membership Level Annual Dues please select one

Platinum , old , Silver ,

Corporate Membership in the International Retinal Imaging Society (IntRIS) does not include registration fees or exhibitor table fees at CME meetings promoted by IntRIS. Membership Levels and Annual Dues are subject to change. IntRIS Corporate Membership is nontransferable & nonrefundable.

## Company Profile

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1-5 6-20 21-50 51-100 over 100 Privately held Publicly traded

Is the company a subsidiary or division of a larger corporation

No Yes, Parent corporation is:

Which SIC or NAICS codes are used to classify the

Please complete both sides of this form.

## Company Representatives

*Rep #1 is the Company's Primary Contact, responsible for membership payments and managing the sponsored members.*

1.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

2.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

3.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

4.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

## Additional Company Representatives - Platinum members only

*If your company has elected to participate as a Platinum member, you may add up to four additional representatives below.*

5.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

6.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

7.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

8.

Name	Degrees/Credentials	Job Title	Business E-mail		
Mailing Address	City, State, ZIP or Postal code	Country	Business Phone	Female	Male

Please complete and return to by email to [info@intris.org](mailto:info@intris.org). After review, an invoice will be sent to the Primary Contact.

IntRIS Federal ID# 82-2970469