Partnership for DSCSA Governance (PDG) Technical Expert Application

Name and Contact Information

Legal organization name *			
Organizational name as you would like it to appear on materials * (PDG may identify your company on various public documents, such as the PDG website. However, PDG will not use your company's logo or other similar brand images without your permission)			
Primary contact person *		Title *	
Address (for legal correspondence) *			
Street Address			
City	State / Province		
Postal / Zip Code	Country		
Email address *			
Website *		Phone Number *	
		Area Code Phone Number	
Are any organizations commonly controlled (parent, subsidiary, sister company) by your organization also a member of the Partnership for DSCSA Governance (PDG)? *			
YES			
NO If yes, whic	h organizations(s):		
What is the company's current number of full-time employees? *			



Expertise

Please describe the DSCSA services your organization provides	s and/or your relevant expertise (1-3 sentences): *
Primary Representative	
Name *	Title *
Email *	Phone Number *
	Area Code Phone Number
Alternate Contact	
Name *	Title *
Email *	Phone Number *
	Area Code Phone Number

PDG is a balanced, independent, sector-neutral forum committed to advancing the interoperable tracing and verification of U.S. pharmaceuticals pursuant to the Drug Supply Chain Security Act of 2013. By submitting this application, the applicant committee to supporting the mission and purpose of PDG in good faith. The applicant acknowledges that additional information and commitments (including signature of the PDG's Antitrust Policy, Conflict of Interest Policy, and Intellectual Property Policy) may be required as a condition of membership. The applicant will make timely payment of the required membership dues and acknowledges that its membership may be terminated, as described in the Bylaws, if its dues are not timely paid.