PMD Pharmaceutical Marketers Directory

MEDICAL & PATIENT EDUCATION

Company Information

Company _____

Division of _____

Address _____

City _____

State _____ Zip _____

Phone _____ 800# _____

Fax _____

Web _____

Email _____

Education services offered are (choose one):

☐ Accredited CME
☐ Promotional education

Description of Services — please keep description brief (50 words or less) and factual:

Staff Information

Using the following titles as a guide, please provide name, exact title, direct-dial or extension numbers, and e-mail address of your personnel. Please add additional titles separate sheet of paper if necessary.

Chairman/CEO
President
Executive VP
VP, Communications
VP, Research
Director, Marketing
Editorial Director
Medical Director
Director, Client Services
Director, CME
Production Manager
Meetings Planner
Project Manager
Program Coordinator

Name: _____ DD or ext: _____

Title: _____ Email: _____

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Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Name: _____ DD or ext: _____

Title: _____ Email: _____

Completed by: _____

Date: _____

Phone: _____

Email: _____

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Thank you. Please email completed form to Anne.Gideon@thepmd.com