



# PDA's Consulting Services and Supplier Directory

**1. Please complete this form to add/renew your company's listing in our Consulting Services and Supplier Directory and send it to Alison Caballero at [caballero@pda.org](mailto:caballero@pda.org)**

[Check here if you would like to use your abstract on file.](#)

\*Company Name : \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\*State/ Country: \_\_\_\_\_ \*Zip/Postal Code: \_\_\_\_\_

\*Telephone ( ) \_\_\_\_\_ \* Fax ( ) \_\_\_\_\_

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

\* Website: \_\_\_\_\_

\* Twitter Name: @ \_\_\_\_\_

**2. All packages include online exposure for one year, (365 days) with company logo. Please select a package and remit the corresponding payment amount.**

- Basic Package** (up to 150 words)- US \$500.00
- Premium Package** (up to 250 words)- US \$700.00
- Ultimate Package** (up to 400 words)- US \$850.00

**Please email abstract + logo separately to [caballero@pda.org](mailto:caballero@pda.org)**

Provide us with an original source file in JPG format. When sending a JPG the resolution must be at minimum 300dpi.

**3. Listing Information:** Check the categories that best describe your company's products/services.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Analytical Equipment              | <input type="checkbox"/> Disposable Technology             | <input type="checkbox"/> Microbiological Services     | <input type="checkbox"/> Publications                    |
| <input type="checkbox"/> Analytical Services               | <input type="checkbox"/> Drug-Delivery Systems             | <input type="checkbox"/> Microbiology Lab Equipment   | <input type="checkbox"/> QA/QC Services                  |
| <input type="checkbox"/> Biological Indicators             | <input type="checkbox"/> Environmental Monitoring          | <input type="checkbox"/> Microbiology Services        | <input type="checkbox"/> Regulatory Compliance           |
| <input type="checkbox"/> Biological/Vaccines               | <input type="checkbox"/> Filtration                        | <input type="checkbox"/> Packaging Equipment          | <input type="checkbox"/> Single Use Systems              |
| <input type="checkbox"/> Blow-Fill-Seal Systems            | <input type="checkbox"/> Freeze Drying Systems             | <input type="checkbox"/> Packaging Supplies/Solutions | <input type="checkbox"/> Software                        |
| <input type="checkbox"/> Calibration Services              | <input type="checkbox"/> Glass Containers/Glass Products   | <input type="checkbox"/> Parenteral Fill Finish       | <input type="checkbox"/> Sterile Manufacturing           |
| <input type="checkbox"/> Chemical Supplier                 | <input type="checkbox"/> Inspection Systems                | <input type="checkbox"/> Parenteral with technology   | <input type="checkbox"/> Sterilization Systems           |
| <input type="checkbox"/> Clean Room Equipment and Supplies | <input type="checkbox"/> Instruments and Controls          | <input type="checkbox"/> Pharmaceutical Equipment     | <input type="checkbox"/> Supply Chain Services           |
| <input type="checkbox"/> Clinical Manufacture Services     | <input type="checkbox"/> Isolation Technology              | <input type="checkbox"/> Pre-filled Syringes          | <input type="checkbox"/> Testing Equipment/Services      |
| <input type="checkbox"/> Cold Chain Solutions              | <input type="checkbox"/> Labeling and Coding               | <input type="checkbox"/> Prepared Media               | <input type="checkbox"/> Training Materials and Services |
| <input type="checkbox"/> Consulting Services               | <input type="checkbox"/> Logistics/Transportation Services | <input type="checkbox"/> Process Automation           | <input type="checkbox"/> Validation Services             |
| <input type="checkbox"/> Container/Closure Systems         | <input type="checkbox"/> Lyophilization Services           | <input type="checkbox"/> Processing Equipment         | <input type="checkbox"/> Vials                           |
| <input type="checkbox"/> Contract Services                 | <input type="checkbox"/> Microbial Identification Systems  | <input type="checkbox"/> Product Development Services | <input type="checkbox"/> Water Systems                   |

**\* 5. Credit Card information required to process :**

Please check one. All cards are charged in US\$

Bill my:  American Express  Master Card  Visa Total Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name (exactly as it appears on card): \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Signature \_\_\_\_\_

**\* Required Fields**