



SURGICAL REVIEW CORPORATION

Strategic Alliances Group Candidate Information:

Organization: _____
 Business Address: _____ Suite: _____
 City: _____ State: _____ Zip Code: _____
 Total Number of Covered Lives (for insurance companies): _____
 Company Web site address: _____

Organization Type (please check appropriate category):

<input type="checkbox"/> Association / Coalition	<input type="checkbox"/> Health Insurance/Managed Care
<input type="checkbox"/> Disease Management Company	<input type="checkbox"/> Medical Device Manufacturer
<input type="checkbox"/> Employer	<input type="checkbox"/> Pharmaceutical Company
<input type="checkbox"/> Health Care Information Technology Vendor	<input type="checkbox"/> Professional Liability Company
<input type="checkbox"/> Health Care Research or Quality Improvement Organization	<input type="checkbox"/> Other (please describe): _____

Primary Contact (first name, last name): _____
 Title: _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

Secondary Contact (first name, last name): _____
 Title: _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

Payment Information:

Membership Dues: Annual Company Revenues Less than \$2 Million - **\$1,500**
 Annual Company Revenues Greater than \$2 Million - **\$2,500**

Check Number: _____

Please make checks payable to Surgical Review Corporation.

Additional Information:

Please note that Surgical Review Corporation reserves the right to decline any group or individual's participation in the Strategic Alliances Group. Membership in the Strategic Alliances Group is a one-year term (counting from the date of joining) and dues are not refundable.

Mail form and payment to: *Surgical Review Corporation
 Strategic Alliances Group
 4800 Falls of Neuse Road, Suite 160
 Raleigh, North Carolina 27609*