



UNITED STATES PHARMCOPEIAL CONVENTION

Appointment Form

<u>Organization Name:</u>				
<u>Appointment Type:</u> <i>(select from the following)</i>				
Voting Delegate		Observer		Representative
Last Name, First Name, Middle Initial				
Degree (s):				
Title:				
CONTACT INFORMATION				
<u>Mailing Address:</u>				
Department:				
Number:				
Street:				
Suite/ Room Number:				
City:			State/Province:	
Zip/Postal Code:			Country:	
E-mail Address:				
<u>Telephone and Fax Numbers:</u>				
Telephone Number:	Country Code	City Code	Area Code	Number
Fax Number:	Country Code	City Code	Area Code	Number
Received Date: _____ Received By: _____				
TO BE COMPLETED BY USP				

Fax form to 1-301-816-8511
E-mail form to membership@usp.org

THANK YOU FOR COMPLETING