



## OXFORD INNOVATION SOCIETY MEMBERSHIP FORM

Membership in the Society is by invitation. Your annual membership will begin on the first of the month in which Oxford University Innovation acknowledges receipt of a completed form. An invoice will be sent to the appropriate company representative for your first year membership fees of £6,800, pro-rated for the period to the end of March. Subsequent renewals will apply for the annual period April to March.

COMPANY NAME.....

INVOICE RECIPIENT NAME & ADDRESS.....

*Privacy: Oxford University Innovation will respect the privacy of the information provided on this form. It will be stored and used only by us for marketing and other reasonable purposes of the Oxford Innovation Society. You consent to such use for so long as you remain a member of the Oxford Innovation Society, by signing this form.*

*Confidentiality: Please keep confidential all information received by virtue of your membership. Failure to do so may financially or otherwise harm the University, its academics or Oxford University Innovation. This restriction does not apply to information that lawfully enters or exists in the public domain without your fault*

### PLEASE GIVE DETAILS OF TWO PEOPLE WHO WILL EACH RECEIVE:

**\*An invitation to every Oxford Innovation Society Meeting (3 each year comprising of lecture and dinner).** Invitations may be passed to colleagues as appropriate. Due to logistical reasons, we are usually unable to invite more than two representatives of a member company to any Meeting. However, applications for additional tickets for guests will be considered on a case by case basis.

**\*Regular Oxford University Innovation printed and online publications,** including termly issues of *Innovation Insights*

**\*Any one-off correspondence,** such as changes to the rules of membership, details of other relevant events etc.

<b>MAIN CONTACT</b>
Name.....Title Dr/Mr/Ms/.....
Job Title.....
Address for communications.....
.....
.....
Phone.....
E-mail.....
Signature.....

<b>CONTACT 2</b>
Name..... Title Dr/Mr/Ms/.....
Job Title.....
Address for communications.....
.....
.....
Phone.....
E-mail.....
Signature.....

See overleaf

**PLEASE GIVE DETAILS OF UP TO FOUR PEOPLE WHO MAY RECEIVE:**

\*A summary of Oxford University Innovation technologies available for licensing, 30 days before details are released to non members, by email.

Summaries fall into the following categories. Please indicate which you wish to receive:

**LIFE SCIENCE: Pharmaceuticals (LP), Diagnostics (LD), Medical Engineering/Surgery (LM), Agriculture (LA), Environment (LE)**

**PHYSICAL SCIENCE: Engineering/Physics (PE), Chemistry [Industrial] (PC), Instrumentation (PI), Maths/Computing (PM)**

\*Termly issues of *Innovation Insights*

**CONTACT 1**

Name..... Title Dr/Mr/Ms/.....

Job Title.....

Address for communications.....

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Phone.....

E-mail.....

Signature.....

Circle technologies: LP LD LM LA LE PE PC PI PM

**I wish to receive technology summaries by e-mail. Yes/No**

**I wish to receive the *Innovation Insights* Newsletter. Yes/No**

**CONTACT 2**

Name..... Title Dr/Mr/Ms/.....

Job Title.....

Address for communications.....

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Phone.....

E-mail.....

Signature.....

Circle technologies: LP LD LM LA LE PE PC PI PM

**I wish to receive technology summaries by e-mail. Yes/No**

**I wish to receive the *Innovation Insights* Newsletter. Yes/No**

**CONTACT 3**

Name..... Title Dr/Mr/Ms/.....

Job Title.....

Address for communications.....

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Phone.....

E-mail.....

Signature.....

Circle technologies: LP LD LM LA LE PE PC PI PM

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**CONTACT 4**

Name..... Title Dr/Mr/Ms/.....

Job Title.....

Address for communications.....

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Phone.....

E-mail.....

Signature.....

Circle technologies: LP LD LM LA LE PE PC PI PM

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