**MedBiquitous® Participation Statement of Interest**

Thank you for your interest in joining MedBiquitous! Please complete this application and statement of interest. This application will be reviewed by the MedBiquitous Steering Committee and Director. The Voting Body will be provided with your organization name, statement of interest and list of contacts and will vote to determine your admittance to the program.

Fields with an asterisk (\*) are required. If they are not completed, your application will be delayed. If you have additional questions, including the status of your application, please contact us, medbiq@aamc.org.

|  |  |
| --- | --- |
| **Organization Name\*:**(Write “Self” if not applying with an organization) | Click or tap here to enter text. |
| Official Address |
| **Address Line 1\*:** | Click or tap here to enter text. |
| **Address Line 2:** | Click or tap here to enter text. |
| **Address Line 3:** | Click or tap here to enter text. |
| **City\*:** | Click or tap here to enter text. | **State/Province:** | Click or tap here to enter text. |
| **Postal Code\*:** | Click or tap here to enter text. | **Country\*:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. | **Type:** | Mobile [ ]  Office [ ]  Home [ ]  Fax [ ]  |

**Statement of Interest\*:**

Please briefly describe your direct and material interest in joining the MedBiquitous Standards Development Program including the impacts that MedBiquitous and data standards have on your work, your qualifications for participating, and your willingness to contribute to standards development efforts.

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Interest Category\*:**(Select the category that bests describes you/your organization) | Choose an item. |

**Organization Affiliations** (Please skip this section if applying as an organization)

|  |  |
| --- | --- |
| **Organization Name(s):**(Please list all relevant affiliations) | Click or tap here to enter text. |
| **Reason for Applying as an Individual:** | Click or tap here to enter text. |

**Financial Information**

|  |  |
| --- | --- |
| **Financial Category (select one)\*:**(This information will be used to determine your participation fee level) | Choose an item. |
| Billing Address  | [ ]  (Please check if Billing Address is the same as Official Address or applying as an individual) |
| **Address Line 1:** | Click or tap here to enter text. |
| **Address Line 2:** | Click or tap here to enter text. |
| **Address Line 3:** | Click or tap here to enter text. |
| **City:** | Click or tap here to enter text. | **State/Province:** | Click or tap here to enter text. |
| **Postal Code:** | Click or tap here to enter text. | **Country:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. | **Type:** | Mobile [ ]  Office [ ]  Home [ ]  Fax [ ]  |

|  |  |  |
| --- | --- | --- |
| (Only Primary Contact and Voting Body representative are required and may be the same individual. Please include others where relevant.) | **Name** | **Email** |
| **Primary Contact\*:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Billing Contact:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Voting Body Representative\*:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Voting Body Alternate:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Additional Contact 1:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Additional Contact 2:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Additional Contact 3:** | Click or tap here to enter text. | Click or tap here to enter text. |
| (You may declare additional contacts once your participation has been approved.) |