

NPLG Membership application form

Membership of Nordic Pharma Licensing Group (NPLG)

(Please fill in this form and return it to:

NPLG Treasurer, Jens Aakersoe

Novo Nordisk A/S, Business Development

Fax: +45 4442 1830 / Email: jeaa@novonordisk.com)

Company name:

Company address:

Company website:

Your name:

Your title:

Telephone.:

Fax: ----

E-mail:

Your reason(s) for applying for NPLG membership:

Date:

Signature: