

NPLG Membership Application Form

Membership of Nordic Pharma Licensing Group (NPLG)

Please fill in this form and return it to:

NPLG Secretary, Nicoline Nagel

Wiborg Aps

E-mail: nw@wiborg.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: _____