



## Sri Lanka Chamber of Medical Devices Industry

GA3003

No 50, Albion lane, Colombo 09.

Tel:+94 777390414/+94 772254999

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### **COMPANY MEMBERSHIP FORM**

#### **General Information:**

<b>Company Name:</b>								
<b>Official Address:</b>								
<b>CEO/Director Name:</b>								
<b>Tele No. of CEO/ Director:</b>								
<b>Email of CEO/Director:</b>								
<b>Business Registration No:</b>								
<b>Company Tele. No:</b>								
<b>Company Fax:</b>								
<b>Company Mail:</b>								
<b>Website:</b>								
<b>Type of organization:</b>	Public quoted		Sole Proprietorship		Multinational		Other	
<b>Employee Strength:</b>								
<b>No. of field staff directly involved in promotion:</b>								

**Company Sector:**

Medical Devices:

Medical Equipment:

Diagnostics:

Laboratory Equipment:

Others:

**Contact Person for the SLCMDI:**

The Membership entitles your company representative to receive our communications and invitations. Please share

<b>Name:</b>			
<b>Designation:</b>			
<b>Tele No:</b>		<b>Mobile</b>	
<b>Mail:</b>			

with us your details and we will add him/her to our mailing list

**Notes: Please attach your company registration copy with the application.**

**Company Stamp:****Date:** ...../...../.....