Application Date:　　 　 / /

［Return to］

E-mail： secretariat@ascnp.org

AsCNP Secretariat

**ロゴ

自動的に生成された説明**

Asian College of Neuropsychopharmacology

**Corporate Membership Application Form**

Please fill out the form below and send it to the AsCNP Secretariat by E-mail.

|  |  |  |
| --- | --- | --- |
| Company  Name \*1 |  | |
| Web Address \*1 |  | |
| Company  Address |  | |
| Primary  Contact Information | Contact Name | Phone (area code) |
| Department | FAX (area code) |
| E-mail Address　 \*Follow-up information will be sent to this E-mail Address. | |

\*1 Company Name and Web Address are posted on the AsCNP Website.

［Desired Level of Membership］

□ Platinum　　 　　□ Gold　　　　　　 　□ Silver

|  |
| --- |
|  |

［Remarks］