Partnership for DSCSA Governance (PDG) Technical Expert Application

Name and Contact Information

| Legal organization name * | | | |
|--|--|-------------|---|
| Organizational name as you woul | ld like it to appear on materials. | * | |
| Primary contact person * | | Title * | |
| Address (for legal corresponden | ce) * | | |
| Street Address | | | |
| City | State / Province | | |
| Postal / Zip Code | Country | | |
| Email address * | | | |
| Website * | | Phone Nun | nber * |
| | | Area Code | Phone Number |
| Are any organizations commonly Partnership for DSCSA Governar | controlled (parent, subsidiary, nce (PDG)? * | sister comp | pany) by your organization also a member of the |
| YES NO | ` ' | | |
| If yes, whic | h organizations(s): | | |



Expertise

| Please describe the DSCSA services your organization provides | s and/or your relevant expertise (1-3 sentences): * | |
|---|---|--|
| | | |
| <u>Primary Representative</u> | | |
| Name * | Title * | |
| | | |
| Email * | Phone Number * | |
| | Area Code Phone Number | |
| Alternate Contact | | |
| Name * | Title * | |
| | | |
| Email * | Phone Number * | |
| | Area Code Phone Number | |

PDG is a balanced, independent, sector-neutral forum committed to advancing the interoperable tracing and verification of U.S. pharmaceuticals pursuant to the Drug Supply Chain Security Act of 2013. By submitting this application, the applicant commits to supporting the mission and purpose of PDG in good faith. The applicant acknowledges that additional information and commitments (including signature of the PDG's Antitrust Policy, Conflict of Interest Policy, and Intellectual Property Policy) may be required as a condition of membership. The applicant will make timely payment of the required membership dues and acknowledges that its membership may be terminated, as described in the Bylaws, if its dues are not timely paid.