

# Corporate Research Services

The New York Academy of Medicine Library

1216 Fifth Avenue

New York, NY 10029-5293

**Telephone:** (212) 822-7362

**Fax:** (212) 722-7650

## Corporate Research Services Application

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Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

### Billing Contact

Billing Contact Name \_\_\_\_\_

Billing Contact Address \_\_\_\_\_

Billing Contact Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

What type of organization or business are you? \_\_\_\_\_

Approximate number of employees with your firm? \_\_\_\_\_

## Agreement Terms

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We acknowledge the following terms and conditions of this agreement:

- All work performed by Corporate Research Services will be done in a confidential manner.
- While Corporate Research Services attempts to provide accurate information, it makes no warranties, and disclaims any liability for loss or damage to any party caused by errors or omissions or statements of any kind.
- Billing will be made on a monthly basis.
- A nonrefundable annual fee of \$1,650 for all for-profit organizations is required to open an account. The annual fee for not-for-profit organizations is \$825. Clients who join during the year will pay an annual fee prorated at \$140 per month (\$70 for not-for-profits).

**Please call us at (212) 822-7362 or email us at [docdelnyam@nyam.org](mailto:docdelnyam@nyam.org) to arrange payment by credit card or wire transfer.** Include the name and email of the person who will be handling monthly invoices.

Name \_\_\_\_\_ Email \_\_\_\_\_

## Signature

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Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email your completed registration form to [docdelnyam@nyam.org](mailto:docdelnyam@nyam.org). You may also fax it to (212) 722-7650 or mail it to:

Corporate Research Services  
The New York Academy of Medicine Library  
1216 Fifth Avenue  
New York, NY 10029-5293

## Staff Authorized to Use the Service

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Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone No. \_\_\_\_\_

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