

# InSight 30-Day Trial Membership Application Form

Trial memberships are limited to one 30-day period for each person. This trial membership will allow access to the InSight Members Only section of the Web site only. *Eligibility to attend the annual conference is not included.*

*Please type or print*

## PART I: GENERAL INFORMATION

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Department: \_\_\_\_\_ Title: \_\_\_\_\_

E:mail: \_\_\_\_\_  I do not have e-mail  I do  do not  have access to the Internet.

Business Address: (Required)

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Address: (Optional)

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Check here if your home address is your preferred mailing address.

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have been a member of \_\_\_\_\_ for \_\_\_\_\_ years.  
(name of former user group)

## PART II: TYPE OF MEMBERSHIP YOU ARE APPLYING FOR – INDIVIDUAL TRIAL MEMBERSHIP

### TRIAL 30 DAY FREE INDIVIDUAL MEMBERSHIP

*Eligibility: Every individual member must be an employee of a license holder of one or more products of McKessonHBOC. Any person who is contracted to work full time at an organization that is a license holder of McKessonHBOC products shall be defined (for the purposes of InSight membership only) as an employee of that organization and therefore eligible to apply for active membership. This full time contracted employment must coincide with the membership year for which the applicant is applying.*

Hospital/Healthcare System: \_\_\_\_\_

I am a full-time contracted employee of this healthcare system, employed by: \_\_\_\_\_

Send this completed form to:

InSight, 4500 Hugh Howell Road, Suite 340, Tucker, GA 30084, FAX 770.270.0632 or e-mail [insight@pami.org](mailto:insight@pami.org)

THANK YOU!