

# 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*

<b>PART I: GENERAL INFORMATION</b>		
Name: _____		
Nickname: _____	Department: _____	Title: _____
E-mail: _____ <input type="checkbox"/> I do not have e-mail    I do <input type="checkbox"/> do not <input type="checkbox"/> have access to the Internet.		
Business Address: (Required)		Home Address: (Optional)
_____ Street		_____ Street
_____ City	_____ State/Province	_____ Zip/Postal Code
		<input type="checkbox"/> Check here if your home address is your preferred mailing address.
Telephone: _____		Fax: _____
I have been a member of _____ for _____ years. <i>(name of former user group)</i>		
<b>PART II: TYPE OF MEMBERSHIP YOU ARE APPLYING FOR – INDIVIDUAL TRIAL MEMBERSHIP</b>		
<input type="checkbox"/> <b>TRIAL 30 DAY FREE INDIVIDUAL MEMBERSHIP</b>		
<i>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.</i>		
Hospital/Healthcare System: _____		
<input type="checkbox"/> 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		

THANK YOU!