

# PURE *Magazine* Health

Please note - All fields marked \* are mandatory

or Fax back your completed form to +44 (0)1372 478 960

Title\* First Name\* Surname\*

Job Title (in full)

Department

Company Name\*

Address line\*

City\* County / state Postcode / zip\* Country\*

Work Tel\* Work Fax

Work Email\*

Preferred Mailing Address (only valid if company address is completed in full)

Address line

City County Postcode Country

Please indicate how you wish to receive the magazine  Digital  Hard copy  Both

## Q1. What is your primary business? \*

- Manufacturer
- Retailer
- Wholesaler
- Distributor
- Import/Export
- Research/Scientific
- Supplier
- Consultancy/Agency
- Other (Please specify) \_\_\_\_\_

## Q2. What is your job function?

- Management
- Marketing
- Formulator/R&D
- Purchasing
- Consulting
- Education
- Quality Control
- Production/Manufacturing
- Technical Services
- IT Operations
- Regulatory Affairs
- Scientist
- Communications/Business Development/Product Management
- Government
- Other (Please specify) \_\_\_\_\_

## Q3. Do you recommend, authorise or specify the purchase of services, equipment or products?

- Yes  No

## Q4. What products/services does your company manufacture/provide?

- Food & Beverages
- Health Food
- Pharmaceutical
- Natural & Herbal
- Medicine
- Dietary Supplements
- Cosmetic Body Products
- Ingredients Raw Materials
- Other (Please specify) \_\_\_\_\_

NBT is independently audited. Please answer one of the two questions below to comply with current audit rules.\* Thank you.

What are the first two letters of your mother's maiden name?  
or \_\_\_\_\_

What are the last two numbers of your home phone number?  
\_\_\_\_\_

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