

THE NEW YORK ACADEMY OF MEDICINE

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Corporate Research Services

Corporate Research Services Application

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What type of organization or business are you? _____

Approximate number of employees with your firm? _____

Please list on the reverse side, names of staff and their phone numbers (if different) who are authorized to use the service.

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 non-refundable annual fee of \$1400, for all 'for-profit' organization, is required to open an account. The annual fee for not-for-profit organizations is \$750. *Clients who join during the year will pay an annual fee prorated at \$120 per month (\$65 for

not-for-profits). Please enclose your check for payment and indicate to whose attention the monthly invoices are to be mailed.

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