

Pharmaceutical Sciences Group

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PSG Volunteer Form

Thank you for indicating your interest in becoming a PSG volunteer. We appreciate that you would like to become actively involved in PSG educational activities. Please tell us a bit about yourself. When a committee needs an additional member with your skills and experience, you will be contacted. It is very important that your employer is aware of and supports your active participation on a PSG committee.

Please fax, mail or email your response to the above address.

Membership #: _____

Date: _____

Name: _____ E-mail: _____

Job Title: _____ Company: _____

Phone: _____ Fax: _____

1. What is your work background? (e.g. Q.C., Research, Regulatory, etc.) _____

2. How many years have you worked in the pharmaceutical industry? _____
3. Are you able to contact people during the day? _____ Volunteers must have access to a telephone during normal business hours.
4. Are you able to attend meetings in the evenings (in person or by teleconference)? Meetings are held at the PSG Office from 6:00 pm – 8:30 pm (approx.). Most of the committees meet once a month. _____
5. Is there a particular committee you would like to join? (Course, Seminar, Update, Pharmafocus or PSG Conference) _____
6. What skills would you be bringing to the committee? _____

7. Do you have industry (technical or regulatory) or government connections or affiliations with other training associations: Much of what the volunteers do is seek out and contact speakers. _____

If you have any questions, please call the PSG Office at (905) 513-7743 or e-mail at info@psg.ca