



United Kingdom Digital Health & Care

Empowering Healthcare Innovation

CORPORATE MEMBERSHIP APPLICATION FORM

CRN

Name of company

UK address of company

Directory phone no.

Website

Name of responsible person for direct company contact:

Name

Position

Title

Mobile

Email

Areas of interest of company for involvement as a corporate member of UKDHC.

(Please tick one or more as appropriate and provide additional information overleaf.)

Education

Research opportunities

Sponsorship of events

Annual UKDHC conference

Networking

Mentorship

Webinar involvement

Awards

Digital consortium

