

# Todays MEDICAL DEVELOPMENTS

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**1. Do you recommend, specify, select, or otherwise influence the purchase of manufacturing equipment or tooling?**  Yes  No

**2. What is your primary business at this location (check one)**

- 1. Medical Equipment Manufacturer
- 2. Medical Instrument Manufacturer
- 3. Medical Implant Manufacturer
- 4. Orthopedic/Prosthetic device manufacturer
- 5. Contract Manufacturer/Job Shop
- 6. Other (please describe) \_\_\_\_\_

**3. What are the primary materials or components used in your manufacturing operation? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Steel                 | <input type="checkbox"/> 10. Stainless Steel      |
| <input type="checkbox"/> 2. Brass/Bronze          | <input type="checkbox"/> 11. Aluminum             |
| <input type="checkbox"/> 3. Magnesium             | <input type="checkbox"/> 12. Zinc                 |
| <input type="checkbox"/> 4. Nickel                | <input type="checkbox"/> 13. Titanium             |
| <input type="checkbox"/> 5. Copper                | <input type="checkbox"/> 14. Iron (Gray/Ductile)  |
| <input type="checkbox"/> 6. Plastic               | <input type="checkbox"/> 15. Circuits/Electronics |
| <input type="checkbox"/> 7. Adhesives/Coatings    | <input type="checkbox"/> 16. Pumps/Valves         |
| <input type="checkbox"/> 8. Motor/Motor Controls  | <input type="checkbox"/> 17. Plastic/Elastomers   |
| <input type="checkbox"/> 9. Wire & Cable Products | <input type="checkbox"/> 18. Sensors/Switches     |

**4. Which of the following best describes your job title? (check one)**

- 1. Corporate Management
- 2. Manufacturing Engineer
- 3. Production Engineer
- 4. Manufacturing Manager
- 5. Production Manager
- 6. Product Designer/R&D
- 7. Other \_\_\_\_\_

**5. What is the total number of employees at this location?** \_\_\_\_\_

**6. Check the manufacturing processes that are performed at this location? (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Turning/Milling        | <input type="checkbox"/> 7. Broaching/Gear Cutting |
| <input type="checkbox"/> 2. Press Working          | <input type="checkbox"/> 8. Plastic Molding        |
| <input type="checkbox"/> 3. Automatic Assembly     | <input type="checkbox"/> 9. Welding & Brazing      |
| <input type="checkbox"/> 4. Boring/Drilling        | <input type="checkbox"/> 10. Tapping & Threading   |
| <input type="checkbox"/> 5. Inspection & Measuring | <input type="checkbox"/> 11. Sawing                |
| <input type="checkbox"/> 6. Grinding               | <input type="checkbox"/> 12. EDM & Lasers          |

**7. What are your capital equipment needs for the next 6 months? (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Machining Center             | <input type="checkbox"/> 11. CNC Lathes        |
| <input type="checkbox"/> 2. Multi Spindle Turning Center | <input type="checkbox"/> 12. Grinding Machines |
| <input type="checkbox"/> 3. Swiss Type Turning Center    | <input type="checkbox"/> 13. EDM Machines      |
| <input type="checkbox"/> 4. Turning/Milling Machines     | <input type="checkbox"/> 14. Laser Cutting     |
| <input type="checkbox"/> 5. Honing Machines              | <input type="checkbox"/> 15. CAD/CAM Software  |
| <input type="checkbox"/> 6. Saws/Sawing Equipment        | <input type="checkbox"/> 16. Tooling/Cutting   |
| <input type="checkbox"/> 7. Machine Controls             | <input type="checkbox"/> 17. Welding Equipment |
| <input type="checkbox"/> 8. Workholding                  | <input type="checkbox"/> 18. Injection Molding |
| <input type="checkbox"/> 9. Waterjet Cutting             | Equipment                                      |
| <input type="checkbox"/> 10. Inspection Equipment        |  |

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