



**INNOVATION STARTS HERE.**  
VIRGINIA BIOTECHNOLOGY RESEARCH PARK

Company Name (Legal Business Name):

Contact Name:

Contact Title:

Type of Business Entity:

Tax ID/SSN:

State of Incorporation/Formation:

Year Business Started (YYYY):

Address:

Phone:

Email:

Website:

Type of Membership:

Virtual Life Sciences Resident  
Business Affiliate

Brief Description of Business:

Employees, Directors, and/or Advisors-

Name:

Name:

Email:

Email:

Name:

Name:

Email:

Email:

Space and Services Required-

Number of Full Time Employees:

Number of Part Time Employees:

Office Square Feet Needed:

Additional Type of Space Needed:

Target Move Date:

Need Assistance Setting Up Advisory Board?

Yes

No

Desired Business Support Services:

Are you interested in having an office or lab in the Research Park?

Yes

No

If space is not immediately available, are you interested in using our Shared Lab space?

Yes

No