

Online Resource Request Form: BioMed Central Institutional Membership

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Please contact **[institutions@biomedcentral.com](mailto:institutions@biomedcentral.com)** to find out more about this program and membership fees.

Please contact me if you have any questions.

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Department: \_\_\_\_\_