

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF CONNECTICUT**

\_\_\_\_\_  
Doreen Camp, individually and on behalf of  
Other similarly situated individuals,  
Plaintiff

3:10 CV 1403 (RNC)

v.

\_\_\_\_\_  
Lupin Pharmaceuticals, Inc.,  
Defendant

**IF YOU WISH TO PARTICIPATE IN THE LAWSUIT,  
YOU MUST COMPLETE AND RETURN THIS FORM BY  
5:00 P.M. (E.D.T.) ON MARCH 22, 2011**

**CONSENT TO JOIN**

I work for Lupin Pharmaceuticals Inc. ("Lupin Pharmaceuticals") as a pharmaceutical sales representative, or I worked for Lupin Pharmaceuticals Inc. as a pharmaceutical sales representative at some time between December 30, 2008 and the present. As a pharmaceutical sales representative, I worked more than forty (40) hours in at least one work week between December 30, 2008 and the present.

I choose to participate in the Fair Labor Standards Act ("FLSA") collective action lawsuit entitled *Camp v. Lupin Pharmaceuticals, Inc.* Case No. 3:10 CV 1403 (RNC) (D. Conn.). I understand that this lawsuit claims that Lupin Pharmaceuticals improperly classified pharmaceutical sales representatives as exempt from the Fair Labor Standards Act. I also understand that this lawsuit seeks any overtime wages that I may be owed.

By signing and returning this consent form, I hereby designate the Hayber Law Firm, LLC to represent me in such lawsuit and to make decisions on my behalf concerning the litigation and settlement. I agree to be bound by any adjudication of this action by a court, whether it is favorable or unfavorable.

Full Legal Name (print) \_\_\_\_\_

\* Address \_\_\_\_\_

\* City, State and Zip \_\_\_\_\_

\* Telephone Number \_\_\_\_\_ \*E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* You do not have to provide this information in order to participate. If you do provide it, it is only for your attorneys. It will be covered over when filed in court.