



5900 South Western Avenue, Suite 102 Sioux Falls, SD 57108

Phone: (605) 275-5349; Fax: (605) 731-2575

Email: [info@physicianhospitals.org](mailto:info@physicianhospitals.org) Web: [www.physicianhospitals.org](http://www.physicianhospitals.org)

**Industry Leader Membership Invoice and Application**  
**Dues to be paid annually by March 15**

**Industry Leader Membership** ..... \$ based on number of hospitals

Industry Leader Membership is available to corporate entities or development companies who wish to provide additional support to the physician hospital industry. The dues formula for this membership is based on the number of hospitals in your corporate system or the number of hospitals your corporate entity supports.

The benefits for Industry Leader Membership include:

- Named as Industry Leader and other special acknowledgements at Annual Meeting
- 1<sup>st</sup> choice of booth selection at Annual Meeting
- Logo, website link, and description included in conference materials
- 6 complimentary registrations at Annual Meeting
- One year membership to include email updates, mailing list of members and meeting attendees
- Corporate logo posted and named as an Industry Leader on PHA website
- 25% discount (or 1 free ad) if you sign up to advertise in four consecutive issues of the PHA Pulse (maximum value of \$1575)

**Please check the category of membership that applies:**

Industry Leader Membership with 4 (four) or fewer hospitals ..... \$ 10,000

List Hospitals Below:


Industry Leader Membership with 5 (five) or more hospitals ..... \$ 15,000

List Hospitals Below:


**Member Information**

Company Name \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Please list contact(s) in your company to be included in PHA's membership. Most of PHA's communications are by email.*

	Name	Title	Email	Phone
Primary Contact				
Other				

**Payment Information**

Please make check payable to PHA.

Send application and payment directly to: Physician Hospitals of America  
5900 South Western Avenue, Suite 102  
Sioux Falls, SD 57108

Or provide credit card information below and fax this form to (605) 731-2575

Visa  MC  American Express  Discover Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please charge my card: \$ \_\_\_\_\_ Cardholders Name: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

Pursuant to the 1993 Omnibus Reconciliation Act, the Physician Hospitals of America has estimated that the non-deductible portion of your dues for lobbying expenses is 50%. The remaining portion of your dues may be deducted as an ordinary and necessary business expense. Taxpayer ID is 770556575.