



**PHYSICIAN HOSPITALS OF AMERICA PAC (PHA PAC)
SOLICITATION APPROVAL FORM
January 1, 2008 - December 31, 2009**

I authorize PHA PAC to solicit contributions, through me, for the calendar years 2008 and 2009 from the executive and professional personnel, partners and/or shareholders of this institution. (Contributions will be used to support federal legislative candidates.)

I understand that, under the law, this institution may authorize only one trade association political action committee that supports federal candidates to request contributions from this institution's executive and professional personnel and its shareholders in any given calendar year. I hereby authorize PHA PAC to solicit during calendar years 2008 and 2009.

CHIEF EXECUTIVE OFFICER: _____

FACILITY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE: _____

CEO SIGNATURE: _____

If you would like to designate a PAC contact person on your staff, please list their contact information below. We will copy this person on PAC materials sent to you.

PAC CONTACT: _____

TITLE/DEPARTMENT: _____

E-MAIL: _____

TELEPHONE: _____

FAX: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:

PHA PAC
Attn: Molly Sandvig
5900 South Western Avenue, Suite 102
Sioux Falls, SD 57108
molly@physicianhospitals.org
Phone: (605) 321-3483 Fax (605) 731-2575