



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

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

Email: info@physicianhospitals.org Web: www.physicianhospitals.org

Corporate Membership Invoice and Application

Check the category of your choice:

- Corporate Platinum Partner \$ 8,000**
- Named as Platinum Member at Annual Meeting
 - 2nd choice of booth selection at Annual Meeting (After Industry Leader)
 - Logo, website link, and description included in conference materials
 - 6 complimentary registrations at Annual Meeting
 - One year membership to include email updates, access to membership directory and mailing list of meeting attendees
 - Corporate logo posted and named as a Platinum Member on PHA website

- Corporate Gold Partner \$ 6,000**
- Named as Gold Member at Annual Meeting
 - 3rd choice of booth selection at Annual Meeting (After Industry Leader and Platinum)
 - Logo, website link, and description included in conference materials
 - 4 complimentary registrations at Annual Meeting
 - One year membership to include email updates, access to membership directory and mailing list of meeting attendees
 - Corporate logo posted and named as a Gold Member on PHA website

- Corporate Silver Partner \$ 4,500**
- Named as Silver Member at Annual Meeting
 - 4th choice of booth selection at Annual Meeting (After Industry Leader, Platinum, and Gold)
 - Logo, website link, and description included in conference materials
 - 3 complimentary registrations at Annual Meeting
 - One year membership to include email updates, access to membership directory and mailing list of meeting attendees
 - Corporate logo posted and named as a Silver Member on PHA website

- Corporate Bronze Partner \$ 2,500**
- Named as Bronze Member at Annual Meeting
 - 5th choice of booth selection at Annual Meeting (After Industry Leader, Platinum, Gold and Silver)
 - Logo, website link, and description included in conference materials
 - 2 complimentary registrations at Annual Meeting
 - One year membership to include email updates, access to membership directory and mailing list of meeting attendees
 - Corporate logo posted and named as a Bronze Member on PHA website

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 | | | | |
| Administrator/CEO | | | | |
| Sales | | | | |
| Marketing | | | | |
| Exhibit Contact | | | | |
| Government Relations | | | | |
| 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

To provide payment via fax, please provide credit card information below and fax this form to (605) 731-2575

If you email this form, you will be contacted by a representative for your credit card information.

Visa MC American Express Discover

Credit Card # _____ Expiration Date: _____ Please charge my card: \$ _____

Cardholders Name: _____ Cardholders Signature: _____

Or you can make a credit card payment by calling PHA at (605) 275-5349. PHA accepts Visa, Mastercard, American Express and Discover. Thank you.

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 at least 53%. The remaining portion of your dues may be deducted as an ordinary and necessary business expense.

Taxpayer ID is **770556575**.