



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 listing and mailing list of meeting attendees
 - Corporate logo posted and named as a Platinum 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 listing and mailing list of meeting attendees
 - Corporate logo posted and named as a Silver 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 listing and mailing list of meeting attendees
 - Corporate logo posted and named as a Gold 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 listing 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

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.