



2012 MEMBERSHIP FORM

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ORGANIZATION INFORMATION

All information in this form is required.

Organization		Primary Contact	
Mailing Address		Title/Department	
City/State/ZIP		Phone (Direct)	
Main Phone		Fax	
Website		Email	
Annual U.S. Revenue		Total U.S. Employees	
Primary Products and/or Services			

MEMBERSHIP ORGANIZATION CONTACTS

In order to enhance the value of your membership with NEHI, please indicate the following contacts within your organization.

CEO and/or President		Chief Medical Officer	
Name		Name	
Title		Title	
Email		Email	
Tel		Tel	
Senior Government/Public Affairs Contact		Public Policy Contact	
Name		Name	
Title		Title	
Email		Email	
Tel		Tel	

MEMBERSHIP QUESTIONS

Please answer the following questions regarding your organization In order to augment the value of your NEHI membership.

1. Please indicate which NEHI programs are of most interest to your organization:

Delivery Systems

Comparative Effective Research (CER)
Patient Medication Adherence (PMA)
Reducing Waste and inefficiency

Health Technologies

Tele – ICU
Home Tele-health

Health Promotion

Healthy People Healthy
Economy (HPHE)

Payment Reform

Risk Sharing

2. Which NEHI events are of most interest to your organization?

Events Quarterly Policy Calls Committees Working Groups Roundtables and Forums

3. Are there other Member Benefits you would like to see from NEHI?

4. Other comments or suggestions are welcome:

I certify that the above information is correct.

Signature, Primary Representative

Date

Please make check payable to "NEHI" and remit to: NEHI Attention: Membership, One Broadway, Twelfth Floor Cambridge, MA 02142