Print Form

New England Healthcare Institute

One Broadway, Twelfth Floor
Cambridge, Massachusetts 02142
T 617.225.0857
F 617.225.9025
www.nehi.net

2010 MEMBERSHIP FORM

ORGANIZATION INFORMATION

All information in this section 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 DUES

Please indicate the dues level representing your sector and organization.

A. Academic, Hospital, or Regional Association		**B. Industry or National Association**		**C. Payer**		**D. Patient or Consumer Group**		**E. Employer/ Professional Services**
# Emps	Dues	U.S. Revenue	Dues	U.S. Revenue	Dues	# Emps	Dues	Flat Rate Dues
○ 1- 500	$4,000	○ $0-$100 Million	$4,000	○ Less than $3 Billion	$10,000	○ 1-1500	$1,500	○ $12,000
○ 501-1000	$9,000	○ $101-$500 Million	$17,500	○ $3 Bn-$5 Bn	$25,000	○ Over 1500	$2,500	
○ 1001-2500	$15,000	○ $501M - $1 Billion	$40,000	○ $5 Bn -$10 Bn	$40,000			
○ 2501-5000	$20,000	○ Over $1 Bn-$5 Bn	$55,000	○ Over $10 Bn	$55,000			
○ Over 5000	$25,000	○ Over $5 Bn	$75,000					

I certify that the above information is correct.

_____ _____

Signature, Primary Representative Date

Dues are based upon estimated annual U.S. domestic product and/or service revenue (or the number of employees) as of December 31, 2009 as noted above. NEHI's EIN is 01-0624865.

Please make check payable to "New England Healthcare Institute" and remit to:

New England Healthcare Institute
Attention: Membership
One Broadway, Twelfth Floor
Cambridge, MA 02142

(over)

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Member Organization Contact Sheet

Please indicate additional contacts within your organization to receive NEHI information. Please complete the form or attach business card(s).

CEO and/or President	
Name	
Title	
Email	
Tel	
Fax	
Senior Government/Public Affairs Contact	
Name	
Title	
Email	
Tel	
Fax	

Chief Medical Officer	
Name	
Title	
Email	
Tel	
Fax	
Senior Communications Contact	
Name	
Title	
Email	
Tel	
Fax	

General Counsel/Legal/Compliance Contact	
Name	
Title	
Email	
Tel	
Fax	
Foundation/Community Affairs Contact	
Name	
Title	
Email	
Tel	
Fax	

Senior Health Policy Contact	
Name	
Title	
Email	
Tel	
Fax	
Senior Clinical & Medical Affairs Contact	
Name	
Title	
Email	
Tel	
Fax	

Senior Business Development Contact	
Name	
Title	
Email	
Tel	
Fax	
Senior Human Resources Contact	
Name	
Title	
Email	
Tel	
Fax	

Senior Regulatory Affairs Contact	
Name	
Title	
Email	
Tel	
Fax	
Senior Research Contact	
Name	
Title	
Email	
Tel	
Fax	

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