

The Healthcare Information and Management Systems Society (HIMSS) is our nation's largest not-for-profit membership association dedicated to the cause of transforming healthcare through the use of IT and management systems. HIMSS includes 52 chapters across the United States, over 570 corporate and more than 225 not-for-profit affiliate member organizations that share our cause of transforming healthcare through the best use of IT and management systems.

HIMSS recognizes the important role Regional Extension Centers (R.E.C.) will play in this transformation. HIMSS is taking this opportunity to offer whatever we can to support you in reaching your goals. By working together and leveraging the resources we offer, we believe together we can accelerate the achievement of a shared vision.

Complimentary HIMSS resources available to your R.E.C.

- 6 individual memberships
- Chapter participation
- HIMSS Regional Roundtable
- Research and customized reports
- 2 Annual Conference registrations
- Webinars
- And more!

Applying organizations must be a Regional Extension Center to qualify for the HIMSS R.E.C. Affiliate Membership.

**R.E.C. Information**

Name of R.E.C. \_\_\_\_\_

Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Social Media URL(s) \_\_\_\_\_

\_\_\_\_\_ (name of organization) meets and understands the criteria for joining HIMSS as an R.E.C. Affiliate Member and has agreed to join HIMSS as an R.E.C. Affiliate Member.

\_\_\_\_\_ (name of organization) understands that the individual(s) indicated on the following pages will serve as representatives of the organization and will receive a complimentary individual HIMSS membership. Eligibility to benefits will commence on criteria verification and is subject to annual review and renewal.

\_\_\_\_\_ (print name of person submitting application) understands the criteria for HIMSS R.E.C. Affiliate Membership and agrees to serve as the primary contact for the organization. As primary contact, you agree to act as the liaison between the R.E.C. Affiliate member and HIMSS staff for all membership processing.

\_\_\_\_\_ Primary Contact

\_\_\_\_\_ Today's date

**Submit application or questions to:**

Marielle Kocak  
Federal and State  
Government Affairs  
Coordinator  
O: 703-562-8815

Regular Mail

HIMSS  
Attn: Marielle Kocak  
4300 Wilson Boulevard  
Suite 250  
Arlington, VA 22203

Fax:  
703-562-8801

Email:  
[Mkocak@himss.org](mailto:Mkocak@himss.org)

## R.E.C. Primary Contact

Name	Date of birth:		
Position or Title	<input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> RPh <input type="checkbox"/> Other Credentials		
Mailing Address (if different from organization) <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
City	State	Zip	Country
Phone <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	Fax Number <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
E-mail Address** <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK			
Social Media <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK			

## Member

Name	Date of birth:		
Position or Title	<input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> RPh <input type="checkbox"/> Other Credentials		
Mailing Address (if different from organization) <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
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Social Media <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK			

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