



APAC Corporate Membership Benefits

BENEFIT LEVEL	OPAL USD \$18,900	DIAMOND USD \$12,600	GOLD USD \$8,400
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EXCLUSIVE BENEFITS

Industry Advisory Committee Be part of the HIMSS Industry Advisory Committee, to collaborate with other industry leaders to advance digital health in APAC and provide your insights to advise HIMSS activities in the region	Nominate 1 Key Executive to represent your organization	-
Market Intelligence Industry reports that provide in-depth coverage on healthcare developments and trends within Asia Pacific	Full access to HIMSS APAC Insights Case Study Reports	

EVENTS

HIMSS APAC Conference	7 complimentary passes	5 complimentary passes	3 complimentary passes
	15% off the regular rates for exhibition/ sponsorship	10% off the regular rates for exhibition/ sponsorship	5% off the regular rates for exhibition/ sponsorship
	Recognition as HIMSS APAC Corporate Member		

HIMSS INDIVIDUAL MEMBERSHIP

Individual Membership	15	10	5
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MEDIA & CONTENT SERVICES

**Subject to availability of slots and schedule*

Content Sharing Share your content with HIMSS audience & feature content in monthly APAC digital newsletter	2 times/year	1 time/year	-
Exclusive Article Contribute to Healthcare IT News; subject to editor's approval	2 times/year	1 time/year	-
Advertising Banner advertisement on Healthcare IT News landing site	1 time/year		-
Advertising Banner advertisements on Healthcare IT News digital newsletter	4 inclusions/year	2 inclusions/year	1 inclusions/year
Discount Discounted rates for all APAC media & content services, including: <ul style="list-style-type: none"> • Whitepaper • Case Study • eBook • Q&A 	15% the regular rates	10% the regular rates	5% the regular rates

APAC Corporate Membership Application

Please complete the form below and mail or fax to:

HIMSS Asia Pacific, 3 Killiney Road, #04-09 Winsland House 1, Singapore 239519 | Phone: +65 6664 1100 | Fax: +65 6836 7728

Alternatively, please scan and email the completed form to: shereen.woon@himss.org; jiachyi.aw@himss.org; yiyan.ong@himss.org

CORPORATE INFORMATION

Company: _____ Date: ____/____/____
Company Address: _____
City, State, Zip: _____ Country: _____
Phone () _____ Fax () _____

PRIMARY CONTACT

First Name: _____ Middle Name: _____ Last Name: _____
Title: _____
Mailing Address (if different from above): _____
City, State, Zip: _____ Country: _____
Phone () _____ Fax () _____

SECONDARY CONTACT

First Name: _____ Middle Name: _____ Last Name: _____
Title: _____
Mailing Address (if different from above): _____
City, State, Zip: _____ Country: _____
Phone () _____ Fax () _____

PROFESSIONAL LEVEL *(Please choose one that best describes your level of responsibility.)*

CEO CFO Vice President Other Senior Manager Head
 COO CIO Senior Staff/Manager Department Director Marketing
 Other (please specify): _____

MEMBERSHIP DUES

Gold Membership USD \$8,400 Diamond Membership USD \$12,600 Opal Membership USD \$18,900

PAYMENT

Annual dues in the amount of USD _____ are enclosed. I understand that HIMSS may deposit the enclosed dues pending consideration of this application. In the event the application is not approved, HIMSS will promptly refund my remittance.

Wire Transfer

Please direct wire transfers for Asia Pacific to: JPMorgan Chase Bank, N.A. Singapore (SWIFT Code: CHASSGSG) Favouring Healthcare Information & Management Systems Society, Account Number – 0172943794

Check (Make check or money order payable to HIMSS.)

Credit Card

Visa MasterCard Discover American Express

Card no. _____ Expiration Date: ____/____/____

Name on Credit Card (please print): _____ Cardholder's Signature: _____

Please note HIMSS charges a 3% fee for any payments of \$5,000 or more paid via credit card; the fee will be added to the invoice at the time payment is processed if payment by credit card is selected by Client as the payment method.

AUTHORIZATION

_____ (name of firm) has agreed to join HIMSS _____ Level Corporate Member for the 12 month period beginning _____ (month) _____ (year). _____ (name of firm) understands that eligibility and access to member benefits begin upon receipt of full payment. If payment is not sent with application, we authorize HIMSS to invoice our firm. We agree to pay full membership dues within 30 days and understand that we will not be eligible for benefits until our full payment is received.

Authorized Signature: _____ Date: ____/____/____