



HIMSSSM



Corporate Membership

EMEA • Europe • Middle East

Join HIMSS to transform healthcare through information and technology. As a HIMSS Corporate Member, you will actively contribute to the issues that HIMSS will address in your region. Together, we can drive change and achieve the HIMSS vision: to realise the full health potential of every human, everywhere.

Your Membership Benefits*

INFLUENCE:

- Join the HIMSS Corporate Members Exchange and help identify the key healthcare issues in your region
- Stay active in the region with HIMSS EMEA Communities:
 - Branding on all HIMSS Community webpages and marketing collaterals**
 - Attend a minimum of 2 Community Committee meetings
 - Access to the HIMSS Community events
 - Priority access to closed-door Stakeholders meetings and other Community activities (additional fee may apply)
 - Enrich the community sessions at the annual HIMSS European Conference through your valuable contributions
 - Eligibility to submit an application to join your local Community Committee***
- Receive access to exclusive sponsorship programmes for Corporate Members
- Invitation to attend the HIMSS Executive Summits****

RECOGNITION:

- Be listed as a Corporate Member in the directory on the HIMSS website
- Benefit from special visibility at HIMSS events and other activities
- Benefit from a 5% discount on Media & Events sponsorship

EDUCATION AND AWARENESS:

- Work with HIMSS to produce a news breaker article about your organisation and get it published on the EMEA section of the Healthcare IT News website
- Share a resource article with HIMSS and have it published on himss.org
- Receive a web banner to address HIMSS audiences over a period of two weeks
- Sign-up colleagues from your organisation for complimentary HIMSS Individual Membership (max 10)

ANNUAL MEMBERSHIP FEE:

15,000 \$ / 13,800 € for HIMSS EMEA

9,500 \$ / 8,700 € for HIMSS Europe or Middle East only

* Benefits listed are subject to change. HIMSS editorial standards and guidelines apply. We reserve the right to reject content and organisations from Corporate Membership.

** based on availability, only applicable to the Communities in your Corporate Membership selected region (EMEA/Europe only/Middle East only)

*** The call for submissions opens in the Fall of each year, the applicant must have an active HIMSS individual membership, and the decision is made by the respective Community committee independently of HIMSS.

**** Invitation-only events (1 attendee), with limited participation for non-sponsoring vendors.

Show your support for the HIMSS Communities

HIMSS D-A-CH COMMUNITY

HIMSS DUTCH COMMUNITY

HIMSS FRENCH COMMUNITY

HIMSS ITALIAN COMMUNITY

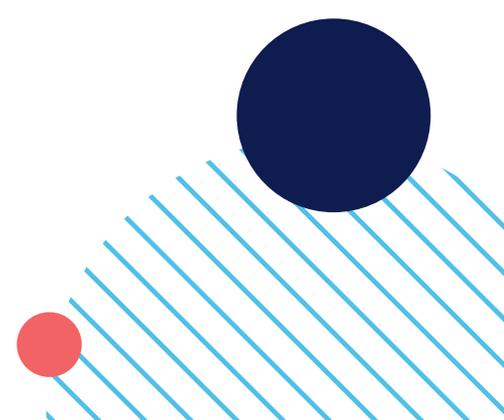
HIMSS NORDIC COMMUNITY

HIMSS MIDDLE EAST COMMUNITY

HIMSS UK COMMUNITY

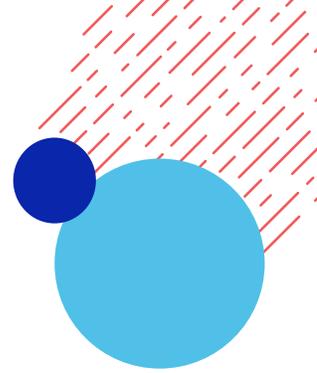
HIMSS TELEHEALTH COMMUNITY

[Find all our communities here](#)





HIMSSSM



Corporate Membership

Please complete the form below and mail to:

HIMSS
350 N. Orleans St., Suite S10000
Chicago, IL 60654
Phone: (312) 664-4467

Alternatively, please scan and email the completed form to your HIMSS contact, or ivana.stojanoska@himss.org

Application

New Renewal: Date (DD/MM/YYYY)

1. CORPORATE INFORMATION

Company: _____ Website: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Fax: _____

2. PRIMARY CONTACT

First Name: _____ Last Name: _____

Title: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Fax: _____

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

- | | |
|---|---|
| <input type="checkbox"/> CEO | <input type="checkbox"/> CIO |
| <input type="checkbox"/> CFO | <input type="checkbox"/> Department Director / Head |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Senior Manager |
| <input type="checkbox"/> COO | <input type="checkbox"/> Marketing / Communication |
| | <input type="checkbox"/> Others (please specify): _____ |



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4. MEMBERSHIP DUES (Annual Fee)

HIMSS EMEA: **\$15,000/€13,800**

HIMSS Europe or Middle East only: **\$9,500/€8,700**

5. PAYMENT Application may be faxed when paying by credit card Tax ID#: 36 - 39 06745

Annual fees stated above are enclosed. I understand that HIMSS may deposit the enclosed fees pending consideration of this application, but if my application is not approved, HIMSS will promptly refund my payment.

WIRE TRANSFER

For EUR: JP Morgan Chase Bank | Bank Account Name: HIMSS | Swift Code: CHASGB2L | IBAN No: GB22CHAS60924232286301

For USD: JP Morgan Chase | Bank Account Name: Healthcare Information and Management Systems Society
Swift Code: CHASUS33 | ABA Number: (021000021 WIRE) or (071000013 ACH) | Account Number: 5300097195

CREDIT CARD

Visa Mastercard Discover American Express Expiration Date: ____ / ____

Card No.

Name on Credit Card: _____

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.

6. AUTHORIZATION

The Company stated above (hereby called "the Company") has agreed to join above chosen HIMSS Corporate Membership for the 12 month period beginning _____ (month) _____ (year).

The Company 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.

Date (DD/MM/YYYY): _____

Authorised signature:
