

# Corporate Membership Benefits\*



<b>HIMSS Middle East Corporate Membership Benefits</b>	<b>Diamond USD 12,000 (per year)</b>	<b>Gold USD 7,000 (per year)</b>
<b>Achieve Thought Leadership</b>		
[HIMSS Middle East Webinar] Speak at our monthly webinars	1 time per year	-
<b>Make Industry Connections</b>		
[HIMSS Individual Membership] Complimentary memberships	10 memberships	5 memberships
[HIMSS Individual Membership] Discount rates on additional individual membership	10%	5%
[HIMSS US Annual Conference] Full conference registrations	1 pass	-
[HIMSS ME Annual Conference] Full conference registrations	6 passes	3 passes
<b>Media &amp; Content Services</b>		
[Content Hosting] Post your case studies/white papers/press releases on the HIMSS Middle East website	Unlimited	8
[Exclusive Articles] Reach Middle East audience through article contributions/interviews, hosted on the HIMSS Middle East website	4 times/year	2 times/year
[Leadership Series] Reach Middle East buyers through video contributions, hosted on the HIMSS Middle East website and YouTube	Once a year	-
[Customised Emails] Reach Middle East buyers through targeted mailings	2 times/year	1 mailing per year
[Advertisements] Discounted rates for online advertising	10%	5%
[Healthcare IT Directory] Company listing	✓	✓
<b>Strengthen Brand Credibility</b>		
Utilise the HIMSS Middle East logo, along with level of membership, on your website and marketing collateral	✓	✓
Invite HIMSS leaders and experts to speak at your events at a discounted rate	✓	✓
<b>Special Benefits to Enhance Your Participation at Middle East National and Regional Events</b>		
Receive discounts on the regular rates for exhibit booth space	10%	5%
Receive preferential rates on the regular rates for sponsorship opportunities	10%	5%
Receive a booth plaque recognising HIMSS Middle East Corporate Membership	✓	✓

Please complete the form below and mail or fax to:

**HIMSS Middle East**, 3 Killiney Road, #04-04 Winsland House 1, Singapore 239519 | Phone: +65 6664 1100 | Fax: +65 6836 7728

Alternatively, please scan and email the completed form to: [gsim@himss.org](mailto:gsim@himss.org)

## Corporate Information

Company			Date / /
Company Address			
City	State	Zip Code	Country
Phone ( )	Fax ( )		

## Primary Contact

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

## Secondary Contact

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

## Professional Level (Please choose one that best describes your level of responsibility.)

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

## Membership Dues (in USD) Please check one HIMSS Middle East Corporate Membership.

- Gold Membership USD 7,000       Diamond Membership USD12,000

## 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 Middle East 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 <i>(please print)</i>
		Cardholder's Signature

## 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 / /
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