

| HIMSS Asia Pacific Corporate Membership Benefits | Opal USD 18,000 (per year) | Diamond USD 12,000 (per year) | Gold USD 7,000 (per year) |
|--|---|--|--|
| Achieve Thought Leadership | | | |
| [HIMSS Asia Pacific Webinar] Speak at our monthly webinars | 1 time per year | 1 time per year | 1 time per year |
| [HIMSS Asia Pacific National Community] Speak or moderate a panel discussion at our national community events | 1 time per year | 1 time per year | - |
| [HIMSS AsiaPac Summit @ HIMSS US Annual Conference] Speak or moderate a panel discussion | 1 time per year | - | - |
| [HIMSS Asia Pacific National Community] Serve as a Committee Member in one of our National Communities | 1 Seat | - | - |
| Make Industry Connections | | | |
| [HIMSS Individual Membership] Complimentary memberships | 15 memberships | 10 memberships | 5 memberships |
| [HIMSS Individual Membership] Discount rates on additional individual membership | 30% | 10% | 5% |
| [HIMSS US Annual Conference] Full conference registrations + access to HIMSS AsiaPac Summit | 2 passes | - | - |
| [HIMSS AsiaPac Annual Conference] Full conference registrations | 9 passes | 6 passes | 3 passes |
| [HIMSS Asia Pacific National Community] Complimentary registrations | 5 passes | 3 passes | 1 passes |
| Media & Content Services | | | |
| [Content Hosting] Post your case studies/white papers/press releases on the HIMSS Asia Pacific website | Unlimited | Unlimited | 8 |
| [HIMSS Asia Pacific Digest] Leverage on the HIMSS Asia Pacific monthly corporate newsletters (e.g. Banner Ads, Members' Spotlight articles, etc) | 3 times/year | 2 times/year | Once a year |
| [Exclusive Articles] Reach Asia Pacific audience through article contributions/interviews, hosted on the HIMSS Asia Pacific website | 6 times/year | 4 times/year | 2 times/year |
| [Leadership Series] Reach Asia Pacific buyers through video contributions, hosted on the HIMSS Asia Pacific website and YouTube | 2 times/year | Once a year | - |
| [Customised Emails] Reach Asia Pacific buyers through targeted mailings | 3 times/year | 2 times/year | 1 mailing per year |
| [Advertisements] Discounted rates for online advertising | 15% | 10% | 5% |
| [The Best of HIMSS Asia Pacific Digest] Annual print edition of the best articles, distributed at annual conference to members and VIPs. Advertisement and content options available | Once a year | Once a year | Once a year |
| [Healthcare IT Directory] Company listing | ✓ | ✓ | ✓ |
| Strengthen Brand Credibility | | | |
| Be recognised as a sponsor at one of our HIMSS Asia Pacific National Communities events | ✓ | ✓ | ✓ |
| Utilise the HIMSS Asia Pacific logo, along with level of membership, on your website and marketing collateral | ✓ | ✓ | ✓ |
| Corporate Member's logo to be listed in HIMSS Asia Pacific Digest | ✓ | ✓ | ✓ |
| Invite HIMSS leaders and experts to speak at your events at a discounted rate | ✓ | ✓ | ✓ |
| Special Benefits to Enhance Your Participation at Asia Pacific National and Regional Events | | | |
| Receive discounts on the regular rates for exhibit booth space | 15% | 10% | 5% |
| Receive preferential rates on the regular rates for sponsorship opportunities | 15% | 10% | 5% |
| Receive a booth plaque recognising HIMSS Asia Pacific Corporate Membership | ✓ | ✓ | ✓ |

Please complete the form below and mail or fax to:

HIMSS Asia Pacific, 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: sishak@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 Asia Pacific Corporate Membership.

- Gold Membership USD 7,000 Diamond Membership USD12,000 Opal Membership USD18,000

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 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 <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 / / |
|----------------------|----------|