

	<i>PROFESSIONAL</i>	<i>STUDENT</i>
HIMSS Asia Pacific Individual Membership Benefits	<i>Individual USD100 / year</i>	<i>Student USD30 / year</i>
Communities and Networking		
e-Networking opportunities with members across the APAC region	✓	✓
Participate in committees, task forces and work groups	✓	✓
Education		
Discounts on all HIMSS Conferences and Events (Includes HIMSS Annual, AsiaPac, WHIT, Virtual Conference, Webinars, eLearning and more)	✓	✓
Registration to HIMSS AsiaPac Annual Conference and Exhibition at member rates	✓	✓
Receive unlimited complimentary registrations to regional roadshows, webinars and virtual conferences	<i>(Free for providers*)</i>	<i>(Free for providers*)</i>
Customized Education and Special Opportunities	✓	✓
Discounted rates to selected workshops and masterclasses	✓	✓
Publications and IndustryNews		
HIMSS Asia Pacific member e-newsletter	✓	✓
HIMSS Asia Pacific Leadership Series	✓	✓
Online publications	✓	✓
Special Member Pricing for all books, CDs and other publications	✓	✓
Tools and Resources		
Access to HIMSS Member Center (Includes member directory, exclusive reports, articles, speaker presentations from past conferences and webinars + more)	✓	✓
Access to over 200 implementation guides, toolkits, checklist, white papers and presentations	✓	✓
HIMSS Value Suite case studies (APAC and Global)	✓	✓

Revised prices effective from 1st September 2015. No refund will be given for payment received before 1st September 2015.

*Not applicable to vendors, solutions providers

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: ahow@himss.org

Name _____ Date of Birth _____ / _____ / _____

Position or Title _____ RN MD PhD RPh Other Credentials

Organization _____

Office Address _____

City _____ State _____ Zip Code _____ Country _____

Phone () _____ Fax () _____

Email Address** _____

Home Street Address same as work _____

City _____ State _____ Zip Code _____ Country _____

Preferred Mailing Address (Your work address will be listed in the online directory) Home Office

Membership Dues (in USD) Please check one

Individual Membership USD100 Student Member USD30 Evidence of full-time matriculation must be provided

Graduate Undergraduate Dean's List

University _____ Expected Graduation Date _____

Your Professional Title Please check one.

Information & Management Systems

- CIO, CTP, VP of IT/IS/MIS/Network
- Director/Manager Data Processing/MIS
- CSO, Director/Manager Info Security/Site Security
- Director of Management Engineering
- Manager of Management Engineering
- Dir/Mgr of other IT Department
- Non-Management
- Systems Analyst
- Programmers/Developers

General & Financial Management

- CEO, Chairman, President, Exec Director, Adm, Group Practice Manager
- COO, Exec VP, Sr VP, VP, Gen Mgr, Asst Administrator
- CFO, VP/Finance, Finance Director, Controller
- VP/Director/Manager of other Admin/Financial Dept
- Non-management

Clinical Management

- CMO, CMIO, Medical Director, Chief of Staff
- CNO, CNIO, VP/Director/Manager of Nursing
- Physician
- Nurse
- Registered Pharmacist
- Chief/Dir/Mgr of other Clinical Department/Lab Srv/Pharmacy

Others Allied to the Field

- IT, Business Consultant
- Professor/Educator
- Student
- Programmers/Developers
- Marketing & Sales
- Government Employee/Public Servant
- Non-Management
- Other (please specify) _____

Your Work Site

- Academic Institution
- Ancillary Clinical Service Provider
- Ambulatory Care Facility
- Federal, State or Local Government Office
- Healthcare Consulting Firm
- Home Healthcare Organization
- Hospital, Multi-Hospital System, Integrated Delivery
- Financial, Legal, Investment Firm
- Long Term Care Facility
- Payor, Insurance Company, Managed Care
- Healthcare Vendor
- Other (please specify) _____

How did you hear about HIMSS?

- Promotional Marketing
- Conference
- Colleague
- Website
- Other (please specify) _____

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. Check Enclosed Visa MasterCard Discover American Express

Card no. _____ Expiration Date _____ / _____ / _____ Name on Credit Card (please print) _____

Cardholder's Signature _____

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 7.88% of dues are not deductible as a business expense.

Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by HIMSS Federal Tax ID No. 36-3906745.

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