

	Executive	Principal	Pioneer	Associate
Membership				
Individual memberships for anyone at your organization	Unlimited	Unlimited	Unlimited	Unlimited
Education				
Complimentary registrations to HIMSS AsiaPac Annual Conference & Exhibition	12	8	4	2
Complimentary registrations to Community Events & Webinars	Unlimited	Unlimited	Unlimited	Unlimited
Discounts on HIMSS International Conferences & Events	✓	✓	✓	✓
Discounts on Workshops & Masterclasses	✓	✓	✓	✓
Access to the HIMSS Learning Center	45	30	15	10
Private and customized educational workshop/webinar	✓	✓	✓	✓
Networking				
e-Networking opportunities with members across the Asia Pacific region	✓	✓	✓	✓
Participate in committees, task forces & workgroups	✓	✓	✓	✓
Exclusive access to the Members' Lounge at HIMSS AsiaPac Annual Conference & Exhibition	✓	✓	✓	✓
Professional Development				
CPHIMS exam discount	✓	✓	✓	✓
Discounts on hosting the CPHIMS exam at your organization	✓	✓	✓	✓
Marketing & Content Services				
Member's logo will be listed in HIMSS Asia Pacific website and e-newsletters	✓	✓	✓	✓
Get recognized as a HIMSS Organizational Affiliate on your websites & marketing collaterals	✓	✓	✓	✓
Get featured in the HIMSS Asia Pacific e-newsletter's member's spotlight	2	1	-	-
Get featured as a thought leader in the HIMSS Asia Pacific Leadership Series on YouTube	2	1	-	-
Post your press releases & white papers on HIMSS Asia Pacific media portal	✓	✓	✓	✓
Publication & Industry News				
HIMSS Asia Pacific e-newsletter	✓	✓	✓	✓
HIMSS Asia Pacific Leadership Series	✓	✓	✓	✓
Online Publications	✓	✓	✓	✓
Special Member Pricing on books, CD's & other publications	✓	✓	✓	✓
Tools & Resources				
Access to HIMSS Asia Pacific Member's Resource Page Exclusive reports, articles, white papers, interviews Speaker presentations from past conferences & more	✓	✓	✓	✓
Access to HIMSS US Member Center	✓	✓	✓	✓
	Executive	Principal	Pioneer	Associate
	12,000	8,000	4,000	2,000

All prices are quoted in USD per year.

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

Healthcare Organization Information

Provider Name _____ Provider Website _____ Date / / _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone () _____ Fax () _____

Primary Contact

Mr. Ms. Dr. Prof.

First Name _____ Middle Initial _____ Last Name _____

Title _____

Address (if different from above) _____

City _____ State _____ Zip Code _____ Country _____

Phone () _____ Fax () _____

HIMSS Organizational Affiliate Program Levels and Dues

Associate (USD2,000) Pioneer (USD4,000) Principal (USD8,000) Executive (USD12,000)

Total\$ _____ annual dues.

Payment\$ _____ in annual dues are enclosed or **Purchase Order Number** _____

Check Enclosed Visa MasterCard Discover American Express

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

Cardholder's Signature _____

Make checks or money orders payable to HIMSS.

_____ (name of organization) has agreed to join HIMSS as a _____ Level Organizational

Affiliate for the 12 month period beginning _____ (month) _____ (year). _____ (name of organization)

understands that access to program benefits begin upon receipt of and approval of this application. If payment is not sent we authorize HIMSS to invoice our firm.

Authorized Signature _____ Date / / _____