



New England Society for Healthcare Strategy Membership Application

All fields must be completed.

Name: _____

Title: _____

Organization: _____

Business Address: _____

Telephone: _____ E-Mail: _____

Years of service in healthcare: _____

Highest level of education attained: _____

Membership Type:

Please check the category that best describes your position, not title (check one)

_____ Chief Executive/Senior Vice President

_____ Dept Head/Director

_____ Manager

_____ Consultant

_____ Analyst/Associate

_____ Other, please specify _____

Please describe your work setting (check one)

___ Hospital System

___ Independent Hospital

___ Physician Organization

___ Consulting Firm

___ Architect/Engineering

___ Health Plan

___ Independent Consultant

___ Education

___ Other, please specify _____

Which two best describe your areas of responsibility (rank #1 and #2)?

- | | |
|--|--|
| <input type="checkbox"/> Strategic Planning and Business Development | <input type="checkbox"/> Facility Planning |
| <input type="checkbox"/> Physician Relations/Recruiting | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Network Development | <input type="checkbox"/> Physician Practice Management |
| <input type="checkbox"/> Marketing Communications | <input type="checkbox"/> Other |
| <input type="checkbox"/> Managed Care Contracting | |

Please indicate topics of interest for programs and webinars

- ACOs, care redesign and managing care across the continuum
- Hospital and physician mergers, acquisitions and collaboration models
- Payment reform, developments in the health insurance market
- Network development and integration
- Facility planning, real estate development and physician alignment
- Physician relations for communication, alignment and collaboration
- Market assessment, forecasting models and other analytics to support business development and planning initiatives
- Career development

Type of Membership

Annual Dues

- | | |
|---|--|
| <input type="checkbox"/> Corporate Member (up to 4 per organization) | \$300 (complete a separate form for each member) |
| <ul style="list-style-type: none">• <i>Additional corporate members can be added for only \$75.00/person. Contact Donna Powell at admin@neshs.org to see if your company has a corporate membership. Consider including Chief Medical Officers, service line leaders (physician and administrative), analysts and other members of your organization involved in strategic planning and business development.</i> | |
| <input type="checkbox"/> Primary Member | \$125 |
| <input type="checkbox"/> Student Member or "In Transition" | \$75 |
| <input type="checkbox"/> Additional Corporate Members | \$75 |

Volunteer

Are you interested in participating in a Committee?

- Program
- Webinar
- Marketing
- Membership
- Not at this time

Payment

Please send or e-mail this application to Donna Powell, NESHS Administrator, admin@neshs.org

Mail your check (payable to NESHS) to:

NESHS
P.O. Box 500
Westford, MA 01886

Or you may apply and pay online at www.neshs.org. **Thank you for joining NESHS!**