



forum FOR HEALTHCARE STRATEGISTS

25th Healthcare Marketing & Physician Strategies Summit Scholarship Application

Applicant's Name _____

Title _____

Organization _____

Is your organization a:

Hospital _____

Health System _____

AMC _____

Medical Group/Physician Practice _____

Other (please explain) _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Fax _____

1. Are you a member of the Forum for Healthcare Strategists? Yes No

2. Have you attended a previous Forum for Healthcare Strategists' conference?

Yes No

If "Yes," please indicate year(s) and conferences attended:

3. Have you been involved with the Forum as a/an (*Check ALL that apply*):

Speaker for a Forum Conference?

Speaker for a Webinar?

Contributor to Healthcare Strategy Alert (the Forum newsletter)?

Exhibitor at a Forum Conference?

Sponsor of a Forum Conference?

Webinar Sponsor or Attendee

4. **All applicants MUST complete each of the following questions (250 words or less):**

A. Why do you want to attend the 25th Healthcare Marketing & Physician Strategies Summit?

B. How will the Summit contribute to your professional development?

C. Why are you requesting financial assistance to attend the Summit (e.g. budget restrictions, travel freeze, recent job loss, etc.)? If currently employed, please attach signed documentation from your CEO or direct manager that establishes financial need **OR** a copy of current policy on travel cost restrictions.

Commitment to Attend

If selected to receive a scholarship to attend the 25th Healthcare Marketing & Physician Strategies Summit, I hereby certify that I plan to attend. I understand that the scholarship entitles me to attend the Summit and one preconference workshop, but does not include my transportation and hotel costs or any other expenses related to my attendance. If selected as a scholarship recipient, I will provide the Forum (*via email, fax, or mail*) with a copy of my transportation and hotel confirmation within two weeks of notification of my acceptance.

Signature_____Date_____

Return this completed and signed form along with required additional documentation via email, contact@healthcarestrategy.com.