



Virtual 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. Why do you want to attend the Virtual Healthcare Marketing & Physician Strategies Summit?

Commitment to Attend

If selected to receive a scholarship to attend the Virtual Healthcare Marketing & Physician Strategies Summit, I hereby certify that I plan to attend.

Signature _____ Date _____

**Return this completed and signed form via email,
contact@healthcarestrategy.com.**