

JOIN LAS VEGAS HEALS!

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JOIN Las Vegas HEALS – Las Vegas' Largest Health Care Association Representing Members that Employ Over 26,000 Health Care Professionals.

The future of the health care industry in Southern Nevada is Topic One at Las Vegas HEALS. Join us and become part of the solution!

Current Conversations Include:

- Health & Wellness (Medical) Tourism
- Hospitality In Healthcare (Patient Experience)
- Graduate Medical Education (Physician Residencies)
- Economic/Medical Developments (Las Vegas Medical District, Veterans Administration Hospital, Henderson Healthcare Corridor)
- Reimbursements Rates & Direct Contracting
- Medical Meetings and Continuing Education Opportunities



JOIN The Conversation — JOIN Las Vegas HEALS!

JOIN Las Vegas HEALS – Las Vegas' Largest Health Care Association Representing Members that Employ Over 28,000 Health Care Professionals. Membership is available to any community based or state-based organization that supports the purposes and goals of Las Vegas HEALS. **Have questions? Call (702) 952-2477**

Primary Contact Information:			
Company Name:			
Mr. Ms. Mrs. Dr.	Prof.		
Contact Name:		Title:	
Street Address:		City and State:	Zip Code:
Phone:	Mobile:		Email:
Web Address:			
Membership Levels (Select one):			
☐ General Member – Small Business (0 – ☐ General Member – Medium Business (☐ General Member – Large Business (100 ☐ Individual Membership – (No company	25 – 100 Employees) 0+ Employees)		\$500 \$1,000 \$2,500 \$150
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☐ Communications ☐ Events ☐ Membership ☐ Legislative and Strategic Alliances		☐ Medical Educatio ☐ Medical Tourism ☐ Workforce ☐ Special Interest_	
Terms and Conditions:			
you are stating you are authorized to and h Dues are annual (on anniversary).	ALS policies. Member	ship dues investment is non	-refundable. By providing e-mail addresses
Applicant's Signature:			
Payment:			
Join online at lasvegasheals.org/member Check payable to Las Vegas HEALS may Credit Card: complete information bel	ailed to: P.O. Box 808	808, Las Vegas, NV 89180	to Las Vegas HEALS:
Name of Cardholder:			
Credit Card #:		Expiration Date:	CVV Code:
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Cardholder's Signature:			

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