



JOIN

THE CONVERSATION



JOIN

LAS VEGAS HEALS!

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

L A S V E G A S
HEALS
HEALTH · EDUCATION · ADVOCACY · LEADERSHIP
of SOUTHERN NEVADA

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) 514-4183**

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):

- | | |
|---|--|
| <input type="checkbox"/> Starter Package (0-24 Employees) \$500 | <input type="checkbox"/> Executive Partner \$7,500 |
| <input type="checkbox"/> Standard (25-99 Employees) \$1,000 | <input type="checkbox"/> Stakeholder \$10,000 |
| <input type="checkbox"/> Intermediate (100+ Employees) \$2,500 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Industry Partner \$5,000 | |

Sponsorship:

Additional Sponsorship: \$ _____ Level: _____

Brief Description of Your Business:

Please enter description here: _____

Interests:

- | | |
|--|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Medical Education |
| <input type="checkbox"/> Events _____ | <input type="checkbox"/> Medical Tourism |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Workforce _____ |
| <input type="checkbox"/> Legislative and Strategic Alliances _____ | <input type="checkbox"/> Special Interest _____ |

Terms and Conditions:

All membership shall be continuous unless cancelled **(A)** in writing by member, **(B)** by Las Vegas HEALS for non-payment of dues, or **(C)** for non-compliance with Las Vegas HEALS policies. Membership dues investment is non-refundable. By providing e-mail addresses you are stating you are authorized to and hereby consent for company/organization to receive emails on behalf of Las Vegas HEALS. Dues are annual (on anniversary).

Applicant's Signature: _____

Payment:

Join online at lasvegasheals.org/membership or complete this application and return it to Las Vegas HEALS:

- Check payable to Las Vegas HEALS mailed to: 840 S Rancho Dr #4-565, Las Vegas, NV 89106
- Credit Card: complete information below and email complete form to membership@lasvegasheals.org

Name of Cardholder: _____

Credit Card #: _____ Expiration Date: _____ CVV Code: _____

Billing Address: _____

Cardholder's Phone: _____ Cardholder's Email: _____

Cardholder's Signature: _____

CREDIT CARD COMPLIANCE - IMPORTANT NOTICE - Las Vegas HEALS takes the protection of our customer's credit card information seriously. To support this effort, the transmission or reception of credit card numbers by EMAIL is prohibited by Las Vegas HEALS and the Payment Card Industry Data Security Standards or (PCI_DSS). This document will be destroyed following processing of payment.

Other Payment Option: _____