



Vendor Supporter Application

This form is for all vendor organizations interested in gaining additional visibility in the Arizona HIT and HIE market.
This is a non-voting category.

Organization _____

Contact Name (main contact) _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Email _____

Organization Website _____

Billing Contact _____

Phone (_____) _____ Fax (_____) _____

Billing Address *if different from above* _____

City _____ State _____ Zip Code _____

Billing Email _____

Organization Description

Please add the names and contact information for any additional individuals from your organization for whom you would like to receive AzHeC information and communications:

	Name	Title	Email	Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Annual dues for all vendor supporters are \$2,500.

Form of Payment

Check Enclosed Please Invoice Me Purchase Order # if appropriate _____

* Upon signing and submitting this form, you are confirming that you understand that you are obligated to pay supporter dues within 30 days of receipt of the invoice and that all dues are non-refundable. An invoice will be sent to you upon approval of your application.

Please send completed application (and check, if applicable) to:

Arizona Health-e Connection
Attn: Membership
810 W Bethany Home Rd., Suite 109
Phoenix, AZ 85013

Questions? Please call us at (602) 288-5130 or email info@azhec.org

_____ Initials here indicate your understanding that dues cover a 12-month period and must be renewed at the end of the time period.

Furthermore, if accepted as a Vendor Supporter, applicant will sign and agree to abide by the separate Vendor Supporter Agreement.

Signature

Printed Name

Title

Date