Electronic Hospital Database

FHA Eye on the Market

A database can be purchased of the hospitals in Florida or any group of health care professionals listed in the **Directory of Florida Hospitals.** Databases include contact name, hospital, address, phone, fax, county, number of beds, parent system, ownership, and type of hospital.

GROUPS:

- ☐ Hospital CEOs
- ☐ Hospital CFOs
- ☐ Hospital COOs
- ☐ FHA Professional Group _____ (See www.fha.org/PMGList.html for complete list)
- ☐ Other _____

COST:

My Pricing Status	One Group	Each Additional Group	# of Groups From Above
My hospital is an FHA Member so I pay:	$125	$25	_____
I am an FHA Professional or Corporate Member so I pay:	$200	$35	_____
I am not an FHA member so I pay:	$300	$70	_____

Mailing labels can be purchased for an additional $25 per group. This includes shipping costs.

Subtotal $_____

Sales Tax ____% Please indicate percentage and amount of tax applicable to your Florida county. $_____

Total Due $_____

PAYMENT METHOD:

☐ Check enclosed made payable to:

Florida Hospital Association
307 Park Lake Circle
Orlando, FL 32803-3923

OR Bill my: ☐ Visa ☐ MasterCard

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐

Visa/MasterCard Number & 3 Digit Security Number on Back of Card

☐☐☐☐

Expiration Date (MM/YY)

_____

Telephone # w/Area Code

_____

Cardholder's Name as it Appears on Card (Please Print)

_____

Credit Card Billing Address City/State/Zip

SEND TO: *(Please Print)*

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: (REQUIRED) _____

Please contact FHA Data Services at (407) 841-6230 if you have any questions

For faster service, fax your credit card order to (407) 422-5948