



**NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES**

1050 Connecticut Avenue, North West, 10th Floor

Washington, DC 20036

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NAHSE STUDENT CASE COMPETITION APPLICATION			
<b>PROGRAM INFORMATION</b>			
UNIVERSITY NAME		PROGRAM	
STREET ADDRESS		CITY, STATE, ZIP CODE	
<b>PROGRAM DIRECTOR / ADVISOR INFORMATION</b>			
NAME		EMAIL	
PHONE		FAX	
Advisor Attending 2014 NAHSE Conference:		<input type="radio"/> Yes <input type="radio"/> No	
<b>COMPETITION PARTICIPANT INFORMATION</b>			
<b>TEAM LEADER / POINT OF CONTACT</b>			
NAME		RACE	
HOME ADDRESS			
MOBILE PHONE		EMAIL	
Years of previous case competition participation:		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
<b>TEAM MEMBER #2</b>			
NAME		RACE	
HOME ADDRESS			
MOBILE PHONE		EMAIL	
Years of previous case competition participation:		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	

TEAM MEMBER #3			
NAME		RACE	
HOME ADDRESS			
MOBILE PHONE		EMAIL	
Years of previous case competition participation:		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
REGISTRATION FEE (Please Select One of the Payment Options Below)			
	CHECK OR MONEY ORDER	(Payable to NAHSE- Student Case Competition Registration. Please indicate university/program on check.)	
	CREDIT CARD	<input type="checkbox"/> MasterCard	(Please enter your credit card information in the spaces provided below.)
		<input type="checkbox"/> American Express	
		<input type="checkbox"/> Visa	