

Indiana Hospice & Palliative Care

ORGANIZATION, INC.

2009 Vendor Membership Application

The INDIANA HOSPICE & PALLIATIVE CARE ORGANIZATION (IHPCO) is a 501(c) (3) statewide organization representing terminally ill patients, their family and loved ones, as well as the organizations and professionals who care for them, and other supporters of quality end-of-life care. The mission of IHPCO is to educate Hoosiers about choices at end of life. IHPCO serves as a resource to patients and families as well to persons and programs serving the needs of the terminally ill and their caregivers. A **Vendor Member** shall be any organization that supplies goods or services to end-of-life care programs and professionals and/or is interested in keeping abreast of end-of-life care. Vendor Members do not provide hospice or palliative care.

Benefits of IHPCO Vendor Membership

- ◆ Listing in the IHPCO Membership & Resource Directory
- ◆ 1/16 page advertisement in 6 issues of Provider Newsletter or 15% discount on larger ad in the six issues.
- ◆ Discounted rates on exhibit space at conferences and workshops
- ◆ Listing as member in conference program
- ◆ Opportunity to partner with IHPCO on group purchasing and development of products and services for members and supporters
- ◆ One complimentary set of mailing labels
- ◆ Supporting the work of IHPCO in public and professional education on end-of-life care and pain management

IHPCO Vendor Membership Application

Please provide the address information you would like included in the Membership and Resource Directory.

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Membership & Resource Directory Description

Please provide a 25-word description of your product/service for IHPCO Membership & Resource Directory.

Please indicate your primary type of business (Please check only one box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Software Vendor |
| <input type="checkbox"/> Medical Supply Company | <input type="checkbox"/> Staffing Agency/Service | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Legal Service | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Companion Service | <input type="checkbox"/> Other _____ |

(please describe)

2006-7 Membership Dues

Contribution to support the work of IHPCO, a 501(c) (3) organization 90% of Americans state that they would prefer to die at home, although only 10% of Hoosiers receive this wish. Your donation will help IHPCO educate Hoosiers on end-of-life choices.

Vendor Member Dues	<u>\$500.00</u>
Donation	\$ _____
Total Enclosed	\$ _____

Where to Send Application and payment

Please make checks payable to IHPCO and mail to:

INDIANA HOSPICE & PALLIATIVE CARE ORGANIZATION
3921 N. Meridian St., Suite225
Indianapolis, IN 46208
Fax 317-464-5146

Payment Method: Check Charge Card

Payable by check or credit card! Credit Card Payment (all fields are required to process charges)

Name/Organization as shown on Credit Card:

Card Type: Visa MasterCard

Card # _____ Exp. Date: _____

Billing Address for Credit Card: _____

OFFICE USE ONLY:

Check No. _____ Postmarked Date: _____ Amount _____ Date Received _____