



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD

HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

New Registration Change to Profile Renewal

To which fiscal year does this form apply? 20 _____

LOBBYIST:

_____ Last Name _____ First Name _____ Middle

_____ Mailing Address

_____ Email Address

(_____) _____ Office Number (_____) _____ Cell Number

_____ Lobbying Firm on behalf of which lobbyist is representing principal (if any)

_____ Lobbying Firm's Mailing Address

(_____) _____ Telephone Number

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

No Yes. State with whom and explain: _____

Have you ever been an employee of Broward Health? No Yes,

_____ Title _____ Date of Employment _____ Date of Separation

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?

No Yes, _____ Date of Service _____ Date of Separation

OATH

I do solemnly swear that all the foregoing facts are true and correct.

_____ Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 _____ Principal Name

_____ Principal Mailing Address

(_____) _____ Principal Telephone Number

_____ Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 _____ Principal Name

_____ Principal Mailing Address

(_____) _____ Principal Telephone Number

_____ Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 _____ Principal Name

_____ Principal Mailing Address

(_____) _____ Principal Telephone Number

_____ Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

_____ (Signature of Notary Public--State of Florida)

_____ (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

INSTRUCTIONS FOR COMPLETING NORTH BROWARD HOSPITAL DISTRICT (NBHD)

LOBBYIST REGISTRATION

WHO MUST REGISTER?

Any person who lobbies NBHD must register before lobbying. Please refer to NBHD policy GA-001-120 for Lobbying and Lobbyist Activities and the NBHD Lobbyist Registration & Disclosure Requirement document for persons who register to lobby.

HOWEVER, a person convicted of a felony after January 1, 2006 **MAY NOT** register as a lobbyist until the person has been released from incarceration and any post-conviction supervision, has paid all court costs and court-ordered restitution, and has had his or her civil rights restored.

PLEASE NOTE: You are considered ineligible if you were an employee of the NBHD, dba Broward Health, have ever served as an NBHD Commissioner, or a Commission Sub-Committee member, or agent within the last two (2) years.

HOW DO I REGISTER?

All registration forms are available on the North Broward Hospital District DBA Broward Health website (www.browardhealth.org). When registering for the first time a paper registration form must be filled out and submitted to the VP Government Relations/Community Affairs. A paper registration form may be obtained from the Executive Assistant/Manager for the District CEO (Board Record Keeper).

The form will be returned if the registrant's original notarized signature is missing or if the form is incomplete. A check or money order for \$40 must be included for each principal with the registration. Make checks or money orders payable to North Broward Hospital District. (A separate statement authorizing the registrant to represent the principal must be signed by the principal or the principal's representative and included with the initial Registration. See principal authorization form.)

All registration renewals may be made on line. However, the renewal fee will still have to be submitted via check or money order to the VP Government Relations/Community Affairs.

CHANGES OR CANCELLATIONS

Any changes to the information provided on the registration form must be made on-line or in case of hardship reported in writing to the Government Relations Department within 15 days. The lobbyist or principal may cancel the lobbyist's registration for that principal on-line or by filing out the lobbyist cancellation form and sending it to the VP Government Relations/Community Affairs.

Return Form to:

North Broward Hospital District
Attn: VP Government Relation/Community Affairs
c/o Government Relations Department
1800 NW 49th Street, Fort Lauderdale, FL 33309
(954) 473-7180