

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

_____ hereby authorizes _____
Principal Name Lobbyist's Name

_____ Signature of Principal or Principal's Representative
Description of Principal's Main Business

Print Principal Name / Principal's Representative

Print Title of Principal / Principal's Representative

Date

Attach this authorization to your registration form.