



# 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:**

Chacon Last Name    Ernie First Name    Isidro Middle  
922 Gulfstream Ct., Weston, FL 33327 Mailing Address  
ernie.chacon@sales.idorsia.com Email Address  
(954) 850-2811 Office Number    (954) 850-2811 Cell Number

Idorsia Pharmaceuticals Lobbying Firm on behalf of which lobbyist is representing principal (if any)  
One Radnor Corporate - Ste. 101, 100 ~~Watson~~ <sup>Mattsonford Rd.,</sup> Radnor, PA 19087 Lobbying Firm's Mailing Address  
(888) 971-7050 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.*

[Signature]  
 Original Signature of Lobbyist

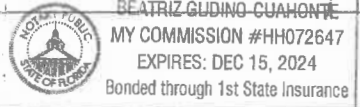
Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Tom Bank Principal Name  
 Y \_\_\_\_\_ Principal Mailing Address  
 Y \_\_\_\_\_  
 Y (215) 756-2447 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 Broward  
 Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2022 by Ernie Chacon

[Signature] (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 FLDL

## 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](http://www.browardhealth.org)

Tom Bont hereby authorizes Ernie Chacon  
Principal Name Lobbyist's Name

Pharmaceutical Sales  
Description of Principal's Main Business

X \_\_\_\_\_  
Signature of Principal or Principal's Representative

X \_\_\_\_\_  
Print Principal Name / Principal's Representative

X \_\_\_\_\_  
Print Title of Principal / Principal's Representative

\_\_\_\_\_  
Date

**Attach this authorization to your registration form.**