



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 23

LOBBYIST:

Last Name: Wegman First Name: Trish Middle: _____
 Mailing Address: 4320 Hawthorn Ave Bldg FZ 33410
trish.wegman@ipsen.com
 Email Address: _____
 Office Number: (561) 214 0051 Cell Number: _____

Lobbying Firm on behalf of which lobbyist is representing principal (if any): Ipsen Biopharmaceuticals, Inc
 Lobbying Firm's Mailing Address: One Main St. Cambridge MA 02142
 Telephone Number: (617) 679-8500

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 _____

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

PRINCIPAL #1 Principal Name: Ipsen Biopharmaceuticals, Inc
 Principal Mailing Address: One Main St
Cambridge, MA 02142
 Principal Telephone Number: (617) 679 8500
 Areas of Interest/General & Specific Subject Matter: Pharmaceutical

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 Palm Beach
 Sworn to (or affirmed) and subscribed before me this 23rd day of May 2023 by Ronnie Potter, Patricia Wegman
R. Potter
 (Signature of Notary Public—State of Florida)

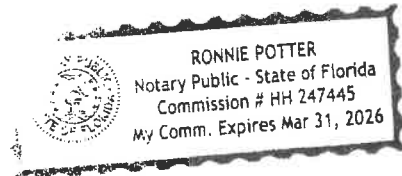
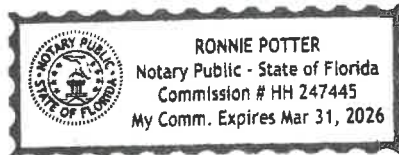
Ronnie Potter
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification
 Type of Identification Produced: FL N255-693-65-SIA-0

OATH

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

Trish Wegman
 Original Signature of Lobbyist



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 aka 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.northbroward.com/healthcare

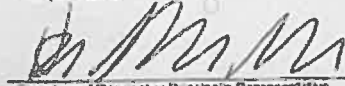
Heather DeRue-Biddle
Principal Name

hereby authorizes

Irish Wegman
Lobbyist's Name

Regional Business Director

Description of Principal's Main Business



Signature of Principal or Principal's Representative
Heather DeRue-Biddle

Print Principal Name / Principal's Representative
Regional Business Director

Print Title of Principal / Principal's Representative
6-9/2022

Date

Attach this authorization to your registration form.