



**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 24

LOBBYIST:  
 Last Name: Foster    First Name: Brooke    Middle: A  
 3301 NE 1st Ave, #1713, Miami, FL 33137  
 Mailing Address: brooke.foster-act@sandoz.com  
 Email Address: (714) 488-2691    (714) 488-2691  
 Office Number:    Call Number

Lobbying Firm on behalf of which lobbyist is representing principal (if any):  
Sandoz/Syneos Health  
 Lobbying Firm's Mailing Address:  
100 College Road West, Princeton NJ 08540  
(305) 351-9955  
 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 Sandoz/Syneos Health  
 Principal Name  
100 College Rd West, Princeton NJ 08540  
 Principal Mailing Address

(305) 351 9955    Pharmaceuticals  
 Principal Telephone Number    Areas of Interest General & Specific Subject Matter

PRINCIPAL #2 N/A  
 Principal Name

Principal Mailing Address

Principal Telephone Number    Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 N/A  
 Principal Name

Principal Mailing Address

Principal Telephone Number    Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA    Broward  
 COUNTY OF

Sworn to (or affirmed) and subscribed before me this 20 23 day of November  
Brooke Foster  
 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 FI Driver License

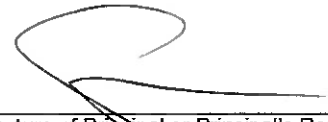
## Principal Authorization Form

### 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)

Sandoz hereby authorizes Brooke Foster  
Principal Name Lobbyist's Name

Pharmaceuticals  
Description of Principal's Main Business

  
Signature of Principal or Principal's Representative

Scott Katz  
Print Principal Name / Principal's Representative

Regional Sales Director  
Print Title of Principal / Principal's Representative

11-1-23  
Date

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