



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:

Yoder Hannah S

Last Name First Name Middle

131 S Federal Hwy Apt 704 Boca Raton, FL 33432

Mailing Address

Hannah.yoder@IQVIA.com

Email Address

Office Number _____ Cell Number 8145747155

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.

IQVIA CSMS US Inc

PRINCIPAL #1 Principal Name

100 IMS Drive

Principal Mailing Address

Parsippany, NJ 07054

866-267-4479

Principal Telephone Number

Pharmaceutical Services

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 MIAMI DASH

Sworn to (or affirmed) and subscribed before me this 20th day of September 2023 by Hannah Yoder.

(Signature of Notary, Public- State of Florida)

Sabrina Santic



SABRINA SANTIC, MY COMMISSION #HH, EXPIRES: September 20, 2023

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

Personally Known OR Produced Identification Produced Identification

Type of Identification Produced DA DL 3226677

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

IQVIA CSMS US Inc.

Principal Name

hereby authorizes

Hannah S Yoder

Lobbyist's Name

Pharmaceutical Services

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Jaime Thompson

Print Principal Name / Principal's Representative

SVP & GM, CSMS & MedTech, U.S.

Print Title of Principal / Principal's Representative

1/13/22

Date

Attach this authorization to your registration form.