



# 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:

Wegman                      Patricia                      M  
Last Name                      First Name                      Middle  
4320 Hawthorn Ave Palm Beach Gardens FL 33410  
Mailing Address  
trish.wegman@ipson.com  
Email Address  
 \_\_\_\_\_  
Office Number                      (561) 214-0051  
Cell Number

Ipsen Biopharmaceuticals Inc.  
Lobbying Firm on behalf of which lobbyist is representing principal (if any)  
One Main St. Cambridge MA 02142  
Lobbying Firm's Mailing Address  
(617) 679-5600  
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 \_\_\_\_\_

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

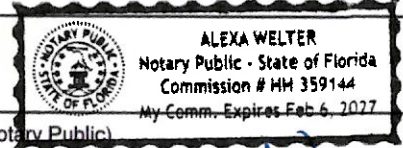
**PRINCIPAL #1**    \_\_\_\_\_  
Principal Name  
 \_\_\_\_\_  
Principal Mailing Address  
 \_\_\_\_\_  
Principal Telephone Number    \_\_\_\_\_  
Areas of Interest/General & Specific Subject Matter

**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 Palm Beach  
 Sworn to (or affirmed) and subscribed before me this 14 day of July, 2023 by Patricia M Wegman

Alexa Welter  
(Signature of Notary Public—State of Florida)  
Alexa Welter  
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification FL   
 Type of Identification Produced Florida Drivers License

## OATH

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

Patricia Wegman                      Patricia M 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 business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation can be found at [www.browardhealth.org](http://www.browardhealth.org)

Heather DeRue-Biddle  
Principal Name

hereby authorizes

Trish Wegman  
Lobbyist's Name

Southcast 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

7/14/2023  
Date

Attach this authorization to your registration form.