



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:

Fadely Dawn
 Last Name First Name Middle
 516 S Dixie Hwy #183, West Palm Beach, FL 33401
 Mailing Address
 d.fadely@itftherapeutics.com
 Email Address
 () Office Number () Cell Number **646-942-6555**

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.

[Handwritten Signature]

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 Pharmaceutical Services
 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 Lee

Sworn to (or affirmed) and subscribed before me this 30th day of July, 2024 by Dawn Fadely who appeared by means of online notarization and produced DL as identification.

(Signature of Notary Public--State of Florida)

Autumn Thornton

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



Personally Known _____ OR Produced Identification X
 Type of Identification Produced 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

IQVIA CSMS US Inc.

Principal Name

hereby authorizes

DAWN FADELY

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.