



2016 HealthPAC Liaison Designation Form

- Works with NHA to coordinate hospital employees' contributions
- Helps distribute HealthPAC campaign information within the hospital

HOSPITAL: _____

LIAISON: _____

LIAISON PHONE: _____

LIAISON EMAIL: _____

Authorized Signature:

I authorized this person to act as my facility's HealthPAC Liaison.

Title: _____ Date: _____

**Please e-mail this form to olivia@nvha.net OR
fax to 775-827-0190 by April 22, 2016**