



## 2017 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.

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Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail this form to [olivia@nvha.net](mailto:olivia@nvha.net) OR  
fax to 775-827-0190 by April 14, 2017**