



NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES

1050 Connecticut Avenue, North West, 5th Floor

Washington, DC 20036

Phone: (202) 772-1030 | Fax: (202) 772-1072

NAHSE STUDENT CASE COMPETITION APPLICATION			
PROGRAM INFORMATION			
UNIVERSITY NAME		PROGRAM	
STREET ADDRESS		CITY, STATE, ZIP CODE	
PROGRAM DIRECTOR / ADVISOR INFORMATION			
NAME		EMAIL	
PHONE		FAX	
Advisor Attending 2020 NAHSE Conference:		<input type="radio"/> Yes <input type="radio"/> No	
COMPETITION PARTICIPANT INFORMATION			
TEAM LEADER / POINT OF CONTACT			
NAME			RACE
GENDER			
MOBILE PHONE	EMAIL		
TEAM MEMBER #2			
NAME			RACE
GENDER			
MOBILE PHONE	EMAIL		
TEAM MEMBER #3			
NAME			RACE
GENDER			
MOBILE PHONE	EMAIL		
REGISTRATION FEE (Please Select One of the Payment Options Below)			

	*CHECK OR MONEY ORDER	(Payable to NAHSE- Student Case Competition Registration. Please indicate university/program on check.)		
	CREDIT CARD		MasterCard	
			American Express	
			Visa	

Case Competition Student Rate:
\$250 per student or \$750 per team

***If paying with a check, please mail the check to:**
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