

**Gage Awards Logistics and RSVP Form – Honorable Mention**

Please submit your completed form to [ksinko@essentialhospitals.org](mailto:ksinko@essentialhospitals.org) no later than **Monday, March 30**. This information will be printed in the VITAL2015 program book; on your project poster, award, and video; as well as on the America’s Essential Hospitals’ website.

**Hospital/System: Correction:**

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| Jersey City Medical Center-Barnabas Health |  |

**Team Lead and Email Address (please insert):**

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| **Name** | **Email Address** | **Are they planning to attend VITAL2015 (Yes or No)?** *Attending team members will also receive a voucher code to redeem a discounted VITAL2015 registration rate of $695.00.* |
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**Key Team Members Names and Email Addresses (please insert):**

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| --- | --- | --- |
| **Name** | **Email Address** | **Are they planning to attend VITAL2015 (Yes or No)?** *Attending team members will also receive a voucher code to redeem a discounted VITAL2015 registration rate of $695.00.* |
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*You may add more rows if necessary.*All team members will receive a certificate for contributing to the project. The team lead and team members will be listed as the below example in the VITAL Poster Compendium:  
Team Lead: Shelby Shwartz, MPH, Director of Operations (first and last name, credentials, and title)  
Team members: J. Cooper, A. Rosenberg, R. Smith (first initial, last name)

**Please identify one team member who will accept the award on stage during the Award Luncheon:**

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**Please identify one team member who will stand by your poster at the Poster Session:**

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**Please identify one attending team member who should receive the complimentary VITAL2015 registration (a $995 value).**

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| **Name** | **Email Address** |
|  |  |

**Awards Luncheon Poster Session**

Thursday, June 25 ♦ noon–2 pm Thursday, June 25 ♦ 3:30–4:15 pm

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| **General VITAL2015 Information** |
| For updates and additional information on VITAL2015, please visit [vital.essentialhospitals.org](http://vital.essentialhospitals.org/#intro). |