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**REPLY FORM: FACSIMILE TRANSMITTAL SHEET**

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To: \_\_\_\_\_  
Araby Thornewill

From: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

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\_\_\_Yes, we are interested in more information! Please contact our designee below to discuss our participation in the Hospital Value Index™ Awards Program. We understand the National Media Announcement will take place in Washington, D.C. on September 15, 2009 and that time is of the essence.

**Please contact:**

Name: \_\_\_\_\_

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

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

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Fax this form to: (502) 779- 9322

Or email your request to: [athornewill@data-advantage.com](mailto:athornewill@data-advantage.com)

Or call: Araby Thornewill at 866-996-3282