



IROQUOIS EMPLOYEE SERVICES PROGRAM (ESP) 2010 Renewal Application

OUR REPRESENTATIVE FOR 2010 WILL BE:

Your organization must designate *at least* one representative to whom all mail, etc., from ESP is sent. This is usually the person within your organization who has direct responsibility for Employee Services, Benefits, or Recreation programs.

As the ESP Rep he/she will be responsible for the distribution of discount information to all your employees on an ongoing basis.

(PLEASE PRINT OR TYPE)

Facility _____

Representative's Name: _____ Title: _____

Tel (w/ext): _____ Fax: _____ E Mail: _____

MARKETING MATERIALS ORDER FOR 2010:

Standard Membership Cards # _____ (no additional charge)
(Consider new hires during the year)

Customized Membership Cards # _____ (An additional charge applies)
(A quote with an invoice for the additional cost will be sent in order to initiate an order for custom cards)

Posters # _____ (no additional charge)

Tip strips # _____ (no additional charge)





IROQUOIS *Healthcare*

17 Halfmoon Executive Park Drive ♦ Clifton Park, NY 12065 ♦ Phone: 518-383-5060 ♦ Fax: 518-383-2616

Membership fees entitle your employees to all the benefits of ESP. Memberships are good for the calendar year in which the membership is activated and will automatically renew unless we receive a written cancellation by November 30th for the subsequent year's membership.

UISS/IHA MEMBERS PRICING

# of Employees	Annual Fee 2010 Standard Membership Card
1-250	\$519
251-500	\$757
501-1000	\$920
1001-1500	\$1082
1501-2000	\$1298
2,001-3000	\$1677
> 3001	Call for fee

Payment should be submitted with the application to:

United Iroquois Shared Services
 5740 Commons Park
 E. Syracuse, NY 13057
 Attn: ESP Account Rep
 315- 445-1851 (Phone); 315-445-2293 (Fax)
 Email: Contactesp@iroquois.org

You may either mail, fax, or e-mail this application to the contact information provided. If submitted electronically, the representative's printed name in the signature line will be deemed as evidence of official approval.

Signature

Date

Print Name

Title

Facility

