

# Modern Healthcare

In an effort to ensure accuracy and validity, we are asking that all participants confirm their responses with their CEO or CFO before submitting your data to

**Modern Healthcare.**

This required signature will act as a guarantee of the accuracy of your response. We will not take responsibility for publishing incorrect information that has been reported by the participant.

Survey forms without a signature will not be included in the results.

As a senior executive of this organization, I verify that the information submitted for this survey is accurate.

Signature of CEO or CFO: \_\_\_\_\_

Please print the executive's name: \_\_\_\_\_

Executive's exact title: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/company name: \_\_\_\_\_

Acceptable executives to sign: CEO, CFO, CIO, President, Director, Founder, Owner, Partner

Please send this completed form to [research@modernhealthcare.com](mailto:research@modernhealthcare.com) or fax to 312-280-3159. If there are any questions, please call 312-397-5511. We can confirm receipt of your signed sheet upon request.

NOTE: A cover sheet is not necessary when sending a fax. Thank you.