Mail your complete application to:

2007 Foster G. McGaw Prize American Hospital Association One North Franklin, Suite 2800 Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 6, 2007.

Questions? Please contact AHA Member Relations at 312/422-3932, or visit the web site at www.aha.org.

Application Cover Page

| Name of Health Delivery Organization | | |
|--|------------------------|--|
| Mailing Address | | |
| City, State, Zip Code | | |
| Name of Contact (Mr. Ms. Mrs.) | | Title |
| Name of Contact (IVII. IVIS. IVIIS.) | | Title |
| Phone | Fax | E-Mail |
| My health delivery organization is a | | |
| O Hospital O Health System | n O Integrated Network | k O Community Partnership O Other |
| Primary type of community: O Urban O Rural O S | uburban O Mix | |
| | | e reference information about (a) the commitment of the health of the applicant's community service initiatives. |
| Name of Reference, Title | | Organization |
| City, State, Phone Number | | Relationship to Health Care Org. |
| Name of Reference, Title | | Organization |
| City, State, Phone Number | | Relationship to Health Care Org. |
| Name of Reference, Title | | Organization |
| City, State, Phone Number | | Relationship to Health Care Org. |
| Signatures In submitting this application we gi contained herein except the audited | | sociation permission to use and disseminate the information |
| Chief Executive Officer | | Type or Print Name |
| Board of Trustees Chair | | Type or Print Name |
| Chief Medical Officer | | Type or Print Name |
| Application Contact Person | | Type or Print Name |