

FAH 2012 DIRECTORY

OF INVESTOR-OWNED:

*Community Hospitals, Hospital Management Companies and Health Systems,
Residential Treatment Facilities and Centers, and Key Management Personnel*



FAH 2012 DIRECTORY

**available
January, 2012**

Order Now!



The **FAH DIRECTORY**, published annually, is the investor-owned hospital industry's primary reference source and is in greater demand than ever by health industry providers and suppliers.

This is the only official directory and the most complete listing of investor-owned community hospitals, hospital management companies and health systems, residential treatment facilities and centers, and key management personnel.

FAH 2012

DIRECTORY OF INVESTOR-OWNED:

***Community Hospitals, Hospital Management Companies and Health Systems,
Residential Treatment Facilities and Centers, and Key Management Personnel***

INCLUDES:

- Investor-owned management companies with corporate office and branch locations, and key executives.
- A comprehensive list of investor-owned hospitals and residential treatment facilities and centers itemized separately by ownership, bed size, and state; and includes key executives.
- Full information on approved construction projects, listed by both state and company.
- The FAH Board of Directors and Board of Governors rosters, which include names, titles, organizations, and addresses.
- The FAH Associate Member roster includes member company contact information.
- Our exclusive Products / Services Index lists Associate Member companies by product and service categories.



Published by the Federation of American Hospitals

..... Please cut along this line and return.

DIRECTORY ORDER FORM

Please send me _____ copies of the **FAH 2012 Directory** at \$85/member or \$125/nonmember per copy for a total of \$ _____

Please send me _____ CD(s) of the **FAH 2012 Directory** at \$750.00 per copy for a total of \$ _____

Please send me _____ SALE copies of the **FAH 2011 Directory** at \$45/member or \$65/nonmember per copy for a total of \$ _____

Name _____ Title _____

Company _____

Street Address _____

City/State _____ Zip _____ Phone _____

American Express Visa Master Card

Number _____ Expiration Date _____ Security Code _____

Signature _____ Date _____

Please fax or mail with check/credit card information to:

**Federation of American Hospitals
650 S. Shackleford Rd., Suite 400 Little Rock, AR 72211
Phone 501-661-9555 Fax 501-663-4903**