



National/Regional Deployment Committee Application

Complete all information on this form and return to secretary@ihe.net.

Date:

Nation/Region:

Sponsoring Organizations:

Note: All National/Regional Deployment Committee sponsoring organizations must be approved IHE Member Organizations

Primary Contact Information

Name:

Title:

Organization:

Email:

Telephone:

Mission and Focus:

Briefly describe the mission and focus of the proposed deployment committee in 1-3 paragraphs.

Support/Interest:

Other IHE Member Organizations expressing interest in joining/participating in the new national initiative:

Relationship with Other Organizations:

List any other government agencies, professional societies or other national organizations with which your committee has established or may establish relationships who may be interested in becoming IHE organizations: