**Memorandum of Understanding**

**Between**

**X and X HIMSS Chapter**

THIS MEMORANDUM OF UNDERSTANDING (“MOU”), is made as of DATE ("Effective Date"') by X ("X") with its principal place of business located at ADDRESS, and the X HIMSS Chapter**,** with its principal place of business located ADDRESS, (both X and XHIMSS) may hereinafter be referred to as “Party” or “Parties”).

**About X HIMSS Chapter**

Include a short description such as:

The X HIMSS Chapter is a cause-based; not-for-profit organization exclusively focused on providing global leadership for the optimal use of information technology (IT) and management systems for the betterment of healthcare. HIMSS Chapters represent the grassroots of HIMSS and deliver valuable events and resources to local audiences. Chapter membership brings the benefits home with targeted education, issue updates, networking opportunities, and more. For more information visit [www.xxhimss.org](http://www.xxhimss.org).

**About X**

Short description of company

Purpose

(Describe overall goal and/or outcomes. i.e. The purpose of this MOU is to establish that X HIMSS Chapter and X shall mutually agree to describe.)

**Mutual Responsibilities**

To achieve these target outcomes, each party will have the following set of responsibilities:

**X HIMSS Chapter:**

* Create a joint press release
* List events on the partner section of the web site
* Provide participation & visibility where appropriate at HIMSS membership events
* Complimentary acknowledgement in appropriate materials
* Offer 1 complimentary registration to the Annual Spring Conference

**X:**

**Agreement Terms**

1. Signature below indicates you have read and agree to comply with requirements as stated above.
2. There is no financial arrangement as a result of signing this agreement.
3. By signing this agreement both parties acknowledge each other as collaborators of the identified events, this agreement does not serve as an endorsement.
4. Either Party may terminate this Agreement by providing forty-five (45) days written notice to the other at the address first written above.

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives.

**Agreed by: Agreed by:**

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NAME [Type name here]

Chapter President

**X HIMSS Chapter**

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Organization Organization

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Date Date