



## SPONSORSHIP FORM

Exclusively for CHA Associate Members only.

### Gold Sponsorship (\$9,000) includes:

- Only one company per industry
- Complimentary CEO Forum registration, including all meals, breaks, educational sessions and networking events\*\*
- One night's hotel stay\*\*
- Logo recognition on conference signage
- Logo recognition on the conference mobile app
- Recognition on CHA social media outlets
- Recognition on CHA website

\*\* For two company representatives

### Silver Sponsorship (\$6,000) includes:

- Only one company per industry
- Complimentary CEO Forum registration, including all meals, breaks, educational sessions and networking events\*
- One night's hotel stay\*
- Logo recognition on conference signage
- Logo recognition on the conference mobile app
- Recognition on CHA social media outlets
- Recognition on CHA website

\* For one company representative

### Cancellation Policy:

If a sponsorship is canceled prior to Tuesday, April 4, a \$500 processing fee will be charged. If cancellation is made after April 4, the full sponsorship fee will be charged. **ALL NOTICES OF CANCELLATION MUST BE RECEIVED IN WRITING ON OR BEFORE THE DATE SPECIFIED.**

## CEO Forum July 13-14, 2017 Vail, Colorado

This CEO-exclusive forum brings together hospital and health system CEOs to discuss critical issues of the day. As a sponsor (only one per industry), you can participate in all activities, as well as network one on one for the entire two days. You will also be recognized in the promotional materials and program. CEO Forum sponsor opportunities are exclusively for CHA Associate Members only.

To be eligible to participate as a CEO Forum sponsor, 2017 CHA Associate Member status must be current or submit the 2017 CHA Associate Membership application and payment along with this form.

Company Name (Type or print name exactly as it should appear in all materials)

Address

City/State/Zip

Contact Name

Title

Phone Number

Email Address

Gold Sponsor: \$9,000 \_\_\_\_\_

Silver Sponsor: \$6,000 \_\_\_\_\_

Credit Card: [ ] MasterCard [ ] VISA [ ] American Express

Name (as it appears on the card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Security Code \_\_\_\_\_

Signature (authorizing use of credit card) \_\_\_\_\_

**Please mail this form to the Colorado Hospital Association, 7335 E. Orchard Road, Suite 100, Greenwood Village, CO, 80111, attention Valerie Siebert-Thomas.**

**You may also email the form to [valerie.siebertthomas@cha.com](mailto:valerie.siebertthomas@cha.com) or fax to 720.496.2377.**

Sponsorships received by March 1 will be included in the registration brochure.

For additional information, contact Valerie Siebert-Thomas at [valerie.siebertthomas@cha.com](mailto:valerie.siebertthomas@cha.com) or 720.330.6024.



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Colorado Hospital Association