

SPONSOR PACKET



c|h|a
Colorado Hospital
Association



2019

CEO FORUM

July 11 – 12, 2019

Four Seasons Resort Vail
Vail, CO



c|h|a *education*

SPONSOR INFORMATION

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, 2019 CHA Associate Member status must be current or submit the 2019 CHA Associate Membership application and payment along with this 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 promotional materials
- Recognition in conference brochure

** 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 promotional materials
- Recognition in conference brochure

* For one company representative

Sponsorships received by **Wednesday, April 3** will be included in the registration brochure.

Cancellation Policy:

If a sponsorship is canceled prior to **Wednesday, April 3**, a \$500 processing fee will be charged. If cancellation is made after **April 3**, the full sponsorship fee will be charged.

All notices of cancellation must be received in writing on or before the date specified.

More Information:

Contact Valerie Siebert-Thomas, CHA education manager, at valerie.siebertthomas@cha.com or 720.330.6024.

CEO FORUM 2019



July 11-12, 2019 | Four Seasons Resort Vail | Vail, Colorado

INSTRUCTIONS: Complete this form with your company information as you want it to appear in all conference materials.

COMPANY INFORMATION

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Telephone _____

Website _____ Twitter Handle @ _____

Primary Business Product/Service _____

Main Industry _____

Main Competitor(s) _____

Company Description: *(To be used on the mobile app.)* Please print or type using 25 words or less.

PRIMARY CONTACT INFORMATION

Primary Contact Name _____

Title _____

Telephone _____ Email _____

CEO FORUM SPONSORSHIP OPPORTUNITIES - ASSOCIATE MEMBERSHIP REQUIRED

ASSOCIATE MEMBERSHIP FEES

Associate Membership	Calendar Year	Fee
2019 Associate Membership	Jan. - Dec.	\$1,000

**Payment required for all sponsors that have not already paid*

SPONSORSHIP FEES

Please check the level of sponsorship

Select One	Level	Sponsorship Fee
<input type="checkbox"/>	Gold Sponsor	\$9,000
<input type="checkbox"/>	Silver Sponsor	\$6,000

CANCELLATION POLICY: If a sponsorship is canceled prior to **Wednesday, April 3**, a \$500 processing fee will be charged. If cancellation is made after **April 3**, the full sponsorship fee will be charged.

SPONSOR CONTRACT

We hereby agree to sponsor at the 2019 CHA CEO Forum, according to the terms and conditions outlined on the previous pages of the CHA Sponsor Packet.

Signature _____ Date _____

PAYMENT: Your sponsorship payment is due in full on or before **Wednesday, April 3, 2019**.

	Fee	Paid
2019 Associate Membership <i>*Payment required for all sponsors that have not already paid</i>	\$1,000	
Gold Sponsor	\$9,000	
Silver Sponsor	\$6,000	
Total Amount Paid		\$

PAYMENT OPTIONS: Check Credit Card (VISA, MASTERCARD, AMERICAN EXPRESS ONLY)

CHECKS PAYABLE TO: Colorado Hospital Association, Attn: Education Manager, 7335 E. Orchard Road, Greenwood Village, CO 80111

CREDIT CARD INFORMATION: Card Number _____

Expiration Date _____ CVV Code _____

Full Name on Card _____

Please email the completed contract to valerie.siebertthomas@cha.com by **Wednesday, April 3, 2019**.