

## EXHIBITOR AND SPONSOR REGISTRATION FORM

# 2019

# Rural Health and Hospitals Conference

March 6-8, 2019 | Denver Marriott West | Golden, Colorado

Please use this form to register your company representatives for the CHA 2019 Rural Health and Hospitals Conference (complete a separate form for each person registering). Questions? Contact Valerie Siebert-Thomas, CHA education manager, at [valerie.siebertthomas@cha.com](mailto:valerie.siebertthomas@cha.com) or 720.330.6024.

### Contact Information

Name \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_  
Title \_\_\_\_\_  CHE \_\_\_\_\_  FACHE \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

*(Confirmations and other important meeting information will be distributed via email.)*

Please let us know if you have ADA or special dietary requirements (Kosher, vegan, gluten-free, allergies, etc.):

2019 Rural Health and Hospitals Conference Registration   March 6-8, 2019	Rate	Total
Exhibitor Complimentary, if applicable	\$0	
Sponsor Complimentary, if applicable	\$0	
Additional Exhibitor or Sponsor Representative (Maximum of two)	\$175	
<b>Total Payment</b>		<b>\$</b>

### Payment Method

**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](mailto:valerie.siebertthomas@cha.com) by **Monday, Feb. 4, 2019**.

