

2019

Rural Health and Hospitals Conference

**IN CONJUNCTION WITH (ICW)
MEETINGS & EVENTS PACKET**



c|h|a

Colorado Hospital
Association



March 6 – 8, 2019

Denver Marriott West
Golden, CO



IN CONJUNCTION WITH (ICW)

Thank you for sponsoring the 2019 CHA Rural Health and Hospitals Conference! We value your support of and your participation throughout the program. To make the most of the conference experience, we have developed the following process for any meetings you may schedule with attendees in conjunction with the conference. Please review, return the form outlining any potential meeting(s) and let us know if you have any questions. Thank you.

All meetings, events, functions and/or activities held in conjunction with the 2019 CHA Rural Health and Hospitals Conference by sponsoring companies and related organizations, whether at the Denver Marriott West or at outside venues must be approved by CHA. To receive approval, please contact Valerie Siebert-Thomas at 720.330.6024 or valerie.siebertthomas@cha.com.

“In Conjunction With (ICW)” events are functions that include the CHA attendees but are not planned by or sponsored by CHA. Notification of ICW must be provided to CHA by **Feb. 4, 2019**.

Events include but are not limited to the following:

- Social Events
- Focus Groups
- Hospitality Events
- Staff Meetings

Functions involving attendees may not be held during any time that conflicts with official CHA programming, exhibits or events. Events where attendees are invited may be held **only** during the following times.

- Wednesday, March 6: After 6 p.m.
- Thursday, March 7: After 5:30 p.m.

Any violation of this “In Conjunction With” clause shall subject the sponsoring company or related organization to lose conference participation privileges for two consecutive years.

Utilize this form or submit an email that includes all details outlined on the next page for review/approval of the planned function. The request will be reviewed and approval/denial will be sent to the contact person submitting the request. Upon approval, for those companies wishing to utilize space at the Denver Marriott West, CHA will communicate approval to the facility and provide your company with contacts to arrange for space, set up, food/beverage, audio visual equipment, etc.

Please note: space rental fees, food/beverage and audio visual costs, etc. will be the sole responsibility of the presenting organization.

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Company Information



Company/Organization Name _____

Primary Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

In Conjunction With (ICW) Event/Function

Function Name _____

Function Type Hospitality Company Meeting Other (please describe) _____

Please give a brief description of the purpose of the function _____

Attendance by invitation only? Yes No

How will the invitations be distributed? _____

Who is the target audience? Company Representative CHA Conference Attendees Other

Expected Attendance _____

Date of Function _____

Location of Function _____

Time of Function - Beginning Time _____ Ending Time _____

Return this form to Valerie Siebert-Thomas, CHA education manager, at valerie.siebertthomas@cha.com by Feb. 4, 2019.