

## EXHIBITOR/SPONSOR REGISTRATION FORM

# Annual Meeting

CELEBRATING 94 YEARS

2019



**September 18-20, 2019 | Vail Marriott Mountain Resort | Vail, Colorado**

Please use this form to register your company representatives for the CHA 2019 Annual Meeting (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 \_\_\_\_\_ Credentials \_\_\_\_\_  CHE  FACHE  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Onsite Cell Phone\* (collected for onsite emergency communications only) \_\_\_\_\_  
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 CHA Annual Meeting Registration   Sept. 18-20	Rate	Total
Exhibitor or Sponsor (up to two representatives)	\$0	
Additional Exhibitor or Sponsor Representative (up to two additional)	\$175	
<b>Additional Programs</b>		
Annual Golf Tournament <i>(complete the golf form on the next page)</i>	\$195	
CHA/CAHE Breakfast Session	\$85	
<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 registration form to [valerie.siebertthomas@cha.com](mailto:valerie.siebertthomas@cha.com) by **Friday, Aug. 16, 2019**.

*\*Note: Onsite cell phone numbers will only be used by CHA staff in case of an emergency during this conference. Under no circumstance will your cell phone number be shared.*

## GOLF REGISTRATION FORM

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### CHA Annual Golf Tournament

Wednesday, Sept. 18 | 9 a.m. - 2 p.m.  
Golf Awards Reception | 2 - 3 p.m.

Eagle Vail Golf Club  
431 Eagle Drive, Avon, CO 81620

A shotgun start opens play on this championship 18-hole golf course, highlighting the natural beauty of the Colorado Rocky Mountain terrain. Eagle Vail combines 11 water holes, 60 sand bunkers and acres of aspen and evergreen trees into one of the finest recreational golf courses ever played. Eagle Vail will test the skills of the expert and provides all golfers with a truly unique golfing experience. 2019 exhibitors sponsor holes that give teams and individuals of all skill levels a chance to win prizes!

Registration Fee: \$195 | Deadline: Aug. 16

Please use a separate form for each person registering for the tournament. If additional forms are needed, you may make photocopies. Tee times and foursomes will be mailed the last week of August. If you register after Aug. 16 you will be assigned to an open foursome.

Name \_\_\_\_\_ Handicap\* \_\_\_\_\_

Title \_\_\_\_\_ Credentials \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Onsite Cell Phone\* (collected for onsite emergency communications only) \_\_\_\_\_

Email \_\_\_\_\_

*\*If you do not know your handicap, please indicate what you normally shoot for 18 holes to assist us in assigning foursomes. If you do not indicate a handicap, we will assume your handicap to be a zero.*

### Foursome Request

If you have a preference of whom you would like included in your foursome, please list their name(s) on the form and, if possible, we will arrange for you to play together. **Registration deadline is Aug. 16.** If you do not register by the deadline, we will assign you to an open foursome. If you are organizing and paying for a foursome, payment must be included with the registration along with the names of the players. You will be responsible for the foursome and no refunds will be made for no-shows. When creating your foursome, be sure all invitees are planning to attend. After the foursomes have been assigned, we will not be able to make any changes.

Handicap	Name	Hospital/Organization
<b>Foursome will not be assigned without handicaps or what the person normally shoots for 18 holes.</b>		

You must be registered for the Annual Meeting to participate in the golf tournament. Questions? Contact Valerie Siebert-Thomas at 720.330.6024.

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