

EXHIBITOR AND SPONSOR REGISTRATION FORM

2020

Rural Health and Hospitals Conference

March 4-6, 2020 | Denver Marriott West | Golden, Colorado

Please use this form to register your company representatives for the 2020 CHA 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 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.):

2020 CHA Rural Health and Hospitals Conference Registration March 4-6, 2020	Rate	Total
Exhibitor Complimentary, if applicable	\$0	
Sponsor Complimentary, if applicable	\$0	
Additional Exhibitor or Sponsor Representative (Maximum of two)	\$175	
Total Payment		\$

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 _____

Email the completed registration form to valerie.siebertthomas@cha.com by **Monday, Feb. 3, 2020**.

**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.*

