

2024 Associate Partner Application

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Organization Information: *Information listed below will be used on the CHA website*

Name of Organization

Street Address

City

State

Zip Code

Phone

Website

Business Category or Industry

LinkedIn Handle

PRIMARY CONTACT: *All communications for exhibiting and sponsorship opportunities will be sent to this contact.*

Name

Title

Street Address

City

State

Zip Code

Phone

Email

General Information/Purpose of Your Organization

Please provide a brief statement (25 words maximum) explaining the principal function and purpose of your organization and its relationship to Colorado's health care industry.

☐ I am interested in learning more about exhibiting opportunities at CHA events

☐ I am interested in learning more about sponsorship opportunities at CHA events

2024 Associate Partnership Fee: \$1,150

*Checks Payable to: Colorado Hospital Association
(Attn: Manager, Education and Sponsorships)*

Credit Card Option:

☐ Visa ☐ MasterCard ☐ AMEX

Name

Exp. Date

Number

CVV Code

*Full payment is required for application
to be processed.*

Billing Address

Signature

Date

Please email or mail your application and payment to: Valerie Siebert-Thomas, CHA Manager, Education and Sponsorships
(e) Valerie.SiebertThomas@cha.com | (o) 720.330.6024

Colorado Hospital Association | PO Box 913487 | Denver, CO 80291-3487

Associate Partnership with CHA is not an endorsement of an individual company or organization. Use of the CHA logo without express written consent shall result in cancellation without refund of dues.



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Colorado Hospital Association

For more information, contact Valerie Siebert-Thomas at Valerie.SiebertThomas@cha.com, 720.330.6024
or calendly.com/valerie-siebertthomas/ | Contact staff to explore and create opportunities