

2025 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

2025 Associate Partnership Fee: \$1,150 (Jan. 1 - Dec. 31, 2025)

Checks Payable to:

Colorado Hospital Association
Attn: CHA manager, education and sponsorships
PO Box 913487
Denver, CO 80291-3487

You can now use E-Bill Express to pay your invoice electronically. Go to www.e-billexpress.com/ebpp/CHA and use your company name and invoice number. You can also enroll in E-Bill for future payments.

Full payment is required for application to be processed.

NOTE: 2025 Associate Partner Benefits will be effective Jan. 1 - Dec. 31, 2025.

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.



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