



2017 CHAHRM BUSINESS PARTNER SPONSORSHIP REGISTRATION FORM

Please let us know as soon as possible if you would like to sponsor a CHAHRM event! Contact Sharon Greenman at (970) 854-2241 xt. 2025 or Sharon.greenman@bannerhealth.com.

Thank you very much!

Name: _____

Company: _____

Phone: _____ Email: _____

Fax: _____

Referred by: _____

Sign me up as (check all that apply):

Spring Conference, Manitou Springs, CO

- Gold Sponsor (\$1,250)
- Silver Sponsor (\$750)

Summer Conference, Breckenridge, CO

- Platinum Sponsor (\$3,000)
- Gold Sponsor (\$1,250)
- Silver Sponsor (\$750)

Fall Conference, Pueblo, CO

- Platinum Sponsor (\$3,000)
- Gold Sponsor (\$1,250)
- Silver Sponsor (\$750)

Total: _____

For the session you are sponsoring, do you plan to attend dinner Thursday evening? Yes No
Breakfast and/or Lunch on Friday? Breakfast Only Lunch Only Both

CHAHRM's taxpayer ID number is 84-1474539.

Comments: _____

Send completed application and check made payable to CHAHRM to:

Sharon Greenman, Melissa Memorial Hospital
1001 E. Johnson Street
Holyoke, CO 80734