

COMPANY INFORMATION

CONTACT NAME

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

COMPANY WEBSITE

PAYMENT INFORMATION

**Online Application and payment at:**  
<https://register.ihatoday.org/sponsorship.aspx>

**Check**  
**Payable to:** Illinois Hospital Association  
Mail application and check to:  
**IHA, 37092 Eagle Way, Chicago, IL 60678-1370**  
\*Please allow ten mailing days.

**Charge \$\_\_\_\_\_ to my**  
 VISA  Mastercard  American Express  Discover

ACCOUNT NUMBER

EXP. DATE

PRINT NAME AS IT APPEARS ON CARD

AUTHORIZED SIGNATURE

Fax application with credit card information to IHA at: 630.276.5509

QUESTIONS?

Please contact **Lorri Vanecek**, IHA Education Department at **630.276.5440** or email [lvanecek@ihastaff.org](mailto:lvanecek@ihastaff.org)



PLEASE CHECK ALL APPROPRIATE BOXES

**PLATINUM PARTNERS \$10,000**

I want to become a Platinum Partner, please send me an application.  
\* A separate application must be completed and approved by IHA.

**Small & Rural Hospitals Annual Meeting**

**June 19-21, 2012**  
Crowne Plaza Hotel, Springfield

Choose one:

- PLATINUM PARTNERS**
- GOLD\* \$5,000**
- SILVER\* \$3,000**
- BRONZE \$1,000**

\* For recognition at specified events (exclusive to Gold and Silver levels), contact **Anne Stilwell, 217.541.1163**. First come basis/limited opportunities.

**Leadership Summit**

**September 11-12, 2012**  
The Westin Lombard

Choose one:

- PLATINUM PARTNERS**
- GOLD\* \$5,000**

**Applications and payment received AFTER May 15, 2012 will NOT be guaranteed recognition in the Leadership Summit brochure.**

\* For recognition at specified events (exclusive to Gold level), contact **Lorri Vanecek, 630.276.5440**. First come basis/limited opportunities.

IHA reserves the right to exercise its sole discretion in the acceptance or refusal of applications.

No refunds will be issued for cancellation within 30 days of the conference.