



Integrated Healthcare Association

AFFILIATE PARTNER

2012 APPLICATION FORM

AFFILIATE PARTNERS – Eligible organizations include vendors and companies that provide a product, solutions, or service to health plans, hospital and health system, and physician organizations. Please complete and email to Eileen DeGrazia (edegrazia@iha.org) or fax to 510-444-5842.

ORGANIZATIONAL INFORMATION

ORGANIZATION NAME

STREET ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER FAX NUMBER

CONTACT INFORMATION

PRIMARY CONTACT NAME (PLEASE PRINT) TITLE

DIRECT PHONE NUMBER EMAIL

PRIMARY CONTACT SIGNATURE DATE

PLEASE INDICATE ORGANIZATION SIZE

Check:	Affiliate Partner Organization – based on annual revenue	2012 Annual Dues ⁽¹⁾
<input type="checkbox"/>	Up to \$1,000,000	\$ 2,500
<input type="checkbox"/>	\$1,000,000 to \$10,000,000	\$ 5,000
<input type="checkbox"/>	\$10,000,000 to \$100,000,000	\$ 7,500
<input type="checkbox"/>	\$100,000,000 to \$1 Billion	\$ 10,000
<input type="checkbox"/>	Over \$1 Billion	\$ 15,000

⁽¹⁾ Affiliate partnership is generally on a calendar year basis. Dues may be prorated for new partners joining mid-year and therefore some benefits may not apply due to the timing of certain IHA conferences and events.