

IHA Business Resources Information Form for Strategic Partners

Company Information

Legal Business Name:

Street Address: City:

State: Zip:

Phone: Web Address:

Product/Service (What do you offer?)

Primary Area of Focus?

<input type="checkbox"/> Clinical	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Consulting	<input type="checkbox"/> Operations
<input type="checkbox"/> Data	<input type="checkbox"/> Patient Care Related Services
<input type="checkbox"/> Financial	<input type="checkbox"/> Workforce

Please attach any relevant information sheets/brochures on your organizations product/service.

How did you hear about IHA/IHA Business Resources?

Primary Executive Information

First Name: Last Name:

Title: Phone:

Executive's Email:

Contact Information

First Name: Last Name:

Email Address: Phone:

(Email is sent to this address)

Legal Counsel Contact Information

First Name: Last Name:

Email Address: Phone:

(Email is sent to this address)

Hospital References (state of IL preferred)

1) Hospital Name: Contact's Email:

Contact Person:

2) Hospital Name: Contact's Email:

Contact Person:

State Association References (if applicable)

1) Association Name: Contact's Email:

Contact Person:

2) Association Name: Contact's Email:

Contact Person:

Additional Information

Please provide information on how your organization is interested in working with IHA Business Resources and what you see as the opportunities: