



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?

Clinical Information Technology
 Consulting Operations
 Data Patient Care Related Services
 Financial 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:
