



IHA Business Resources
Strategic Partner Submission Form

Complete form, save and email to Erika Carrasco (ipcinfo@team-iha.org)

Company Information

Legal Business Name:
Street Address:
City: State: Zip:
Phone: Web Address:

Product/Service (What do you offer?)

Primary Area of Focus?

- 1.
2.
3.
4.

- Clinical Consulting
Data Financial
Information Technology Operations
Patient Care Related Services Workforce

Please attach any relevant information sheets/brochures on your organization's 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: (Email is sent to this address) Phone:

Legal Counsel Contact Information

First Name: Last Name:
Email Address: (Email is sent to this address) Phone:

Hospital References (state of IL preferred)

1) Hospital Name:
Contact Person: Contact's Email:
2) Hospital Name:
Contact Person: Contact's Email:

State Association References (if applicable)

1) Association Name:
Contact Person: Contact's Email:
2) Association Name:
Contact Person: Contact's Email:

Additional Information

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