

EDUCATION PARTNER APPLICATION



Our company hereby applies to become a Hospital Association of Southern California (HASC) Education Partner. We agree to abide by all program regulations.

Organization name

Organization website

Business type

Mailing address, city, state and zip

Organization phone

Applicant's name

Business card title

Applicant's phone

Applicant's email

Business Description

Business References

Name

Title

Organization name

Street address, city, state and zip

Phone

Email

Name

Title

Organization name

Street address, city, state and zip

Phone

Email

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Directory Information

1.	_____	_____	_____
	<i>Name of CEO</i>	<i>Title</i>	<i>Email</i>
2.	_____	_____	_____
	<i>Name of primary contact, Southern CA</i>	<i>Title</i>	<i>Email</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Email</i>
4.	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Email</i>

Please provide a high-resolution company logo (EPS, TIFF or JPEG format) with this application.

Application Process

Please email completed application forms to sdixon@hasc.org. HASC will review education partner applications and may request additional information. Applicants will be notified of the partnership effective date.

The education partner program aims to serve organizations doing business with HASC member hospitals. Benefits include networking opportunities and information services. **The granting of education partner status does not in any way constitute or imply HASC's endorsement of services and/or products.** Use of the HASC logo or any statements of endorsement without consent will result in loss of membership and possible legal action.

Education partnerships are limited to firms not eligible for organizational or associate membership.

CONTACT

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