



# CHR SUMMIT V

COMMUNITY HEALTH  
REPRESENTATIVES INTO THE  
FUTURE, STILL GOING STRONG!

*2019 Sponsorship Packet*

**August 20 - 22, 2019**  
**Casino Del Sol, Pascua Yaqui Reservation**  
5655 West Valencia Road  
Tucson, Arizona 85757

*The Community Health Representatives Summit V is an Arizona  
Unincorporated Association and is a sponsored project of the  
Technical Assistance Partnership of Arizona (TAPAZ).*

*Donations are tax deductible.*

# CHR SUMMIT V

CHRs INTO THE FUTURE, STILL GOING STRONG!

Dear Community Leader,

We are excited to announce the **Community Health Representatives Policy Summit V** which focuses on the Community Health Representatives (CHR) workforce in American Indian Tribal Communities. This two and a half day event will be held on August 20-22, 2019 at the Casino del Sol located at 5655 West Valencia Road, Tucson, Arizona 85757.

The Summit will provide a space for CHRs to network, discuss their concerns, successes and challenges, and provide best practices to all participants who attend. The CHR Policy Summit V will:

- Provide tribal models of possible CHR reimbursable services through Medicaid
- Identify strategies to further implement CHRs into Primary Care Teams
- Provide updates on Federal and State Policy that may impact CHRs
- Direct Service Tribes vs 638 Tribes (CHR implementation)
- Provide Targeted training for CHRs
- CHR Recognition

You will find attached a description of sponsorship levels and their accompanying benefits. Please return the completed Sponsorship Confirmation Form no later than **August 2, 2019**, so that we may recognize your organization in marketing and registration materials. Please note that sponsorships received after the date may receive reduced benefits due to printing and marketing deadlines.

This Summit would not be possible without your generous investment in the CHR workforce. By becoming a sponsor, you facilitate the highest quality experience to conference participants at the lowest possible cost.

Thank you in advance for your support. Please contact us for additional information, if needed.

Respectfully,

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## SPONSORSHIP LEVELS

2  
0  
1  
9

### **Sponsorships up to \$5000 – Eagle Feather Sponsor**

- Program Name Listing
- Official Sponsorship Recognition
- Business name and sponsorship announced during the forum
- Logo and brief promotional message in all printed materials
- Preferred resource table space near the main general session hall
- (4) Complimentary Registrations to attend the forum

### **Sponsorships up to \$2500 – Medicine Wheel Sponsor**

- Program Name Listing
- Official Sponsorship Recognition
- Business name and sponsorship announced during the forum
- Logo and brief promotional message in all printed materials
- Resource Table Space
- (2) Complimentary Registrations to attend the forum

### **Sponsorships up to \$1000 – Unity Sponsor**

- Program Name Listing
- Official Sponsorship Recognition
- Business name and sponsorship announced during the forum
- Logo in all printed materials
- Resource Table Space
- (1) Complimentary Registration to attend the forum

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## SPONSORSHIP STATEMENT OF AGREEMENT

2  
0  
1  
9

Name of Sponsoring Company, Individual or Organization (Please enter name exactly as it should appear in all printed material): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I/We agree to be sponsor for the following level (please check one):**

- Eagle Feather Supporter (sponsorships up to \$5000): \_\_\_\_\_
- Medicine Wheel Sponsor (sponsorships up to \$2500): \_\_\_\_\_
- Unity Sponsor (sponsorships up to \$750): \_\_\_\_\_
- Other Amount: \_\_\_\_\_

**Pay by Check:**

I/We have enclosed a check payable to Technical Assistance Partnership of Arizona (TAPAZ).

- Please indicate that the check is for **CHR Summit V**
- Please write and send your sponsorship check to: Technical Assistance Partnership of Arizona (TAPAZ) An Affiliate of St. Luke's Health Initiatives, c/o George Redheffer, 2929 North Central Avenue, Suite 1550, Phoenix, AZ 85012

**Pay by Credit Card:**

Please bill my: Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Discover: \_\_\_\_\_ American Express: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

For questions, contact George Redheffer at (602) 774-3283 or [george.redheffer@tapaz.org](mailto:george.redheffer@tapaz.org).