



The mission of Iowa HLA is to improve healthcare and help our members who are healthcare leaders, and their practices succeed through education, networking, and advocacy.

The Iowa Healthcare Leaders Association is a non-profit organization of over 200 members dedicated to quality health care management. IHLA assists the members to develop effective and efficient best practice methods, thus enhancing the provision of quality healthcare services within Iowa.

2026 - Conference/Education Dates

Spring 2026 Conference

April 22 - 24, 2026

Gateway Hotel and Conference Center

Ames

Fall 2026 Conference

October 20 - 22, 2026

Hilton Garden Inn

West Des Moines

Panel of Payers 2026

October 20 - 22, 2026

Hilton Garden Inn

West Des Moines

Sponsorship Benefits 2026	Platinum \$5,000	Gold \$3,500	Silver \$2,500
Spring Exhibit (\$1825 Value)	Yes	Yes	Yes
Fall Exhibit (\$1825 Value)	Yes	Yes	\$785
Panel of Payers Exhibit (\$750 Value)	Yes	Yes	\$375
Conference Attendees	Unlimited	4	2
Affiliate Memberships (\$250 Value) *	Unlimited	4	2
Complimentary Registrations for prospective clients (Spring)	2	1	No
Complimentary Registrations for prospective clients (Fall)	2	1	No
Speaker Presentation Opportunities	Yes	Yes	No
Conference Attendee Lists	Yes	Yes	Yes
Sponsor Spotlight Emails	Yes	Yes	No
Premier Exhibit Space	Yes	Yes	No
Recognition on Conference Materials	Yes	Yes	Yes
Preferred position of Logo on IHLA Home Page	Yes	Yes	No
Recognition on Weekly Emails	Yes	No	No

***IHLA Affiliate Memberships are only available to Sponsors. Affiliate membership includes access to an online member database.**



Organization Name			
Primary Contact Name		Email Address	
Phone Number		Short Description of Service Provided	
Checking the items below authorize the amount to be charged to credit card:			
<input type="checkbox"/>	Platinum Sponsor - \$5000	<i>Includes Spring, Fall Conference, and Panel of Payer Event Exhibits, unlimited conference registrations and unlimited Affiliate Memberships</i>	
<input type="checkbox"/>	Gold Sponsor plus Keynote Speaker Sponsorship Spring or Fall - \$5000	<i>Includes Spring, Fall Conference, and Panel of Payer Event Exhibits, 4 conference registrations and 4 Affiliate Memberships, plus recognition as Keynote Sponsor and company highlight at session</i>	
<input type="checkbox"/>	Gold Sponsor plus Reception Sponsorship Spring or Fall - \$5000	<i>Includes Spring, Fall Conference, and Panel of Payer Event Exhibits, 4 conference registrations and 4 Affiliate Memberships, plus recognition as Reception Sponsor and company highlight at session</i>	
<input type="checkbox"/>	Gold Sponsor - \$3500	<i>Includes Spring, Fall Conference, and Panel of Payer Event Exhibits, 4 conference registrations and 4 Affiliate Memberships</i>	
<input type="checkbox"/>	Silver Sponsor - \$2500	<i>Includes Spring Exhibit, 2 conference registrations and 2 Affiliate Memberships</i>	
<input type="checkbox"/>	Keynote Sponsor (Spring or Fall) - \$2500	<i>Recognition as Keynote Sponsor and company highlight at session</i>	
<input type="checkbox"/>	Conference Exhibit (Spring or Fall) - \$1825*	<i>Exhibit includes two representative attendees *Rate is reduced to \$785 for Fall Exhibit for Silver Sponsors</i>	
<input type="checkbox"/>	Additional Affiliate Member - \$250 (each) _____ Total: _____	<i>IHLA Affiliate Memberships are only available to Sponsors. Affiliate membership includes access to online member database.</i>	

PAYMENT OPTIONS

<input type="checkbox"/>	Register and Pay Online (Credit card only) Website: http://www.iahealthcareleaders.org	
<input type="checkbox"/>	Mail Check and copy of form to:	IHLA Executive Director Jean Thomas 5249 North Park Place NE #1130 Cedar Rapids, IA 52402
<input type="checkbox"/>	Email this form to director@iahealthcareleaders.org Credit Card (please indicate credit card type and complete all fields below)	

Name on Credit Card:		Email Address:	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Card Number:	
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover		
Expiration Date:	Month / Year:	CVC Code:	
Street Address		City/State/Zip	