



**Submission to AzHHA Preferred Vendor Program**

If your company offers products or services that are vital to hospital operations, please complete this application to become an Affiliated Partner. Upon receipt of your application, our Affiliated Partners Program Committee will conduct a thorough evaluation of your services to determine how well they meet the needs our member hospitals have identified. Vendors that are awarded this valued designation gain an excellent opportunity to market their products and services to AzHHA Members. **Submit your completed application via email to [John Koeneke](#), or by fax to (602)445-4299.**

Date:

COMPANY NAME:

CONTACT NAME:	
COMPANY ADDRESS: (INCLUDE CITY, STATE, ZIP):	
CONTACT PHONE NUMBER:	
EMAIL ADDRESS:	

**1. Who will have the primary responsibility of this account?**

Name:	
Current title:	
Phone Number:	
Email Address:	

**2. What types of services will be offered?**

3. What need is being met by this service or product? How will our members benefit from these services or products? [Click here to view a list of our hospital members.](#)
4. Describe the target market and audience(s).
5. Who or what is the competition for these services or products? How does your company differ from the competition?
6. How will the service or product be delivered?
7. How does this activity fit into the current goals, objectives and long-range plans of AzHHA Affiliated Partners Program?
8. Please list your current Arizona clients.
9. Additional comments or messages?