

Partnership Request Form

Organization name:			
Brief description of organizat	ion:		
How would you like to partner with Tri-City Medical Center?			
Controlles			
Contact Info:		-1	0.11
Name	_ Email	Phone	_ ceii

Click here to submit

or email/mail to:

Jessica Shrader | Government Affairs & Community Engagement Manager Tri-City Medical Center | External Affairs

2095 W. Vista Way, Ste. 214 | Vista, CA 92083 P 760.940.5714 | C 760.497.0693 shraderj@tcmc.com | tricitymed.org