## **The Tenth National HIPAA Summit**

# April 6 - 8, 2005 Baltimore Waterfront Marriott, Baltimore, MD

## Sponsor/Exhibitor Application

Company Name:			
Company Representa	tive:	-	
Street Address:			
City:	State:	Zip:	
Tel:	Fax:	_ Email:	
	Summit Sponso	<u>rships</u>	
Sponsorship Level:	Diamond \$100,000		
	ponsor, please list our company as the event or item sponsorship categorie		ease
As a Platinum Level S	Platinum \$75,000  ponsor, please list our company as the event or item sponsorship categorie		ease
	Gold \$50,000  sor, please list our company as the spece event or item sponsorship categorie		ase
_	Silver \$25,000		
_	Bronze \$12,500		
	Event Sponsor	<u>ships</u>	
Event Sponsorship: _	Registration \$5,000	Continental Breakfast \$4,500	
_	Luncheon \$6,500	Opening Reception \$6,500	
_	Key-Note Speaker \$5,000 (Spe	aker Name	)
	Item Sponsors	ships	
Item Sponsorship: _	Name Badge/Lanyards \$7,500	Networking Reception \$15,000	
_	Tote Bags \$10,000	Pocket Schedule \$5,000	
_	Note Pad \$25,000	Gel Click Pens \$2,500	
_	Binder \$5,000	Calculators \$3,500	
_	Cyber Café \$2,500	Coffee Mugs \$2,500	

### **Exhibiting**

If you would only like to purchase an  $10 \times 10$  exhibit space at the HIPAA Summit X the price is \$1,800.00. This price includes an exhibit space, 1 Complimentary all-access badge for April 6 - 8, 2005, up to 2 exhibitor badges and company listing in the program guide.

Yes, I would like to purchase an exhibit space at the HIPAA Summit X for \$1,800.00 and works to select Booth # 2 <sup>nd</sup> Choice	ould
Yes, I would like the exhibit space at the HIPAA Summit X that is included with my major sponsorship Booth # 2 <sup>nd</sup> Choice	
Payment Information	
Check enclosed for the amount of \$ (Please make check payable to lealth Care Conference Administrators)	
Charge to credit card below for the amount of \$	
Name of Card Holder (Please Print):	
Card Holder's Signature:	
VisaMCAMEX	
Card No:Expiration:	
exhibiting and Sponsor status is not final until payment is received. All Fees are non-refundable.	
TAX ID# 91-1892021	
Please fax your application to: 215-545-8107 Please email your application to: joni.lipson@rmpinc.com Please mail your application to: Sponsor/Exhibitor Registration, Attn: Joni Lipson 1211 Locust Street Philadelphia, PA	
SignatureDate	

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

#### Complimentary Registrations to the HIPAA Summit X

Please complete this form and return to Sponsor/Exhibitor Registrations no later than March 30, 2005. Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211 Locust Street, Philadelphia, PA, 19107

- \*Diamond Sponsors receive (20) twenty complimentary registrations
- \*Platinum Sponsors receive (15) fifteen complimentary registrations
- \*Gold Sponsors receive (10) ten complimentary registrations
- \*Silver Sponsors receive (5) five complimentary registration
- \*Bronze Sponsors receive (2) two complimentary registration
- \*Exhibitors receive (1) complimentary registration and up to 1 expo only badges

Name:		Title:
Company:		
Address:		
Phone:	Fax:	Email:
Badge Type:		(Please Specify Expo Only or All Access)
Name:		Title:
Company:		
Address:		
Phone:	Fax:	Email:
Badge Type:		(Please Specify Expo Only or All Access)
Name:		Title:
Company:		
Address:		
Phone:	Fax:	Email:
Badge Type:		(Please Specify Expo Only or All Access)