

The Seventh National HIPAA Summit
September 14-16, 2003
Baltimore Waterfront Marriott, Baltimore, MD

Sponsor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Summit Sponsorships

Sponsorship Level:

_____ Platinum \$15,000

As a Platinum Level Sponsor, please list our company as the sponsor for the _____
(please select from one of the event sponsorship or item sponsorship categories below)

_____ Gold \$12,500

As a Gold Level Sponsor, please list our company as the sponsor for the _____
(please select either the Continental Breakfast or the Luncheon)

_____ Silver \$7,500

Event Sponsorships

Event Sponsorship: _____ Registration \$5,000 _____ Continental Breakfast \$4,500

_____ Luncheon \$6,500 _____ Opening Reception \$6,500

_____ Key-Note Speaker \$5,000 Speaker Name _____

Item Sponsorships

Item Sponsorship: _____ Name Badge/Lanyards \$6,500 _____ Tote Bags \$10,000

_____ Binder \$5,000 _____ Pocket Schedule \$4,000

_____ Note Pad \$2,500 _____ Cyber Café \$15,000

Summit Binder Advertising

Binder Advertising: _____ Full Page Four Color Ad \$2,100

_____ Full Page Black/White \$800

Exhibiting

If you would only like to purchase an 10 x 10 exhibit space at the HIPAA Summit VII the price is \$1,800.00. This price includes an exhibit space, 1 Complimentary all-access badge for September 15-16, 2003, up to 4 exhibitor badges and company listing in the program guide.

_____ Yes, I would like to purchase an exhibit space at the HIPAA Summit VII for \$1,800.00 and would like to select Booth # _____ 2nd Choice _____
3rd Choice _____

_____ Yes, I would like the exhibit space at the HIPAA Summit VII that is included with my major sponsorship Booth # _____ 2nd Choice _____
3rd Choice _____

Payment Information

_____ Check enclosed for the amount of \$ _____ (Please make check payable to Health Care Conference Administrators)

_____ Charge to credit card below for the amount of \$ _____

Name of Card Holder (Please Print): _____

Card Holder's Signature: _____

_____ Visa _____ MC _____ AMEX

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

Signature _____ Date _____

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 VII

Please complete this form and return to Sponsor/Exhibitor Registrations no later than September 1, 2003. Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211 Locust Street, Philadelphia, PA, 19107

*Platinum Sponsors receive (3) three complimentary registrations

*Gold Sponsors receive (2) two complimentary registrations

*Silver Sponsors receive (1) one complimentary registration

*Exhibitors receive (1) complimentary registration and up to 4 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)

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)