

**The Ninth National HIPAA Summit**  
September 12 - 14, 2004  
**The WEDI Security Summit**  
September 14 - 15, 2004  
Baltimore Waterfront Marriott, Baltimore, MD

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Sponsor/Exhibitor Application

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Summit Sponsorships

Sponsorship Level:

\_\_\_\_\_ Diamond \$50,000

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

\_\_\_\_\_ Platinum \$25,000

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 \$17,500

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

\_\_\_\_\_ Silver \$10,000

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 IX the price is \$1,800.00. This price includes an exhibit space, 1 Complimentary all-access badge for September 12-15, 2004, 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 IX for \$1,800.00 and would like to select Booth # \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> Choice \_\_\_\_\_

\_\_\_\_\_ Yes, I would like the exhibit space at the HIPAA Summit IX that is included with my major sponsorship Booth # \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> 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](mailto: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 IX

Please complete this form and return to Sponsor/Exhibitor Registrations no later than August 18, 2004.  
Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211  
Locust Street, Philadelphia, PA, 19107

- \*Diamond Sponsors receive (5) five complimentary registrations
- \*Platinum Sponsors receive (3) three complimentary registrations
- \*Gold Sponsors receive (2) two complimentary registrations
- \*Silver Sponsors receive (1) one complimentary registration
- \*Exhibitors receive (1) all-access registration badge and (1) exhibit only badge per booth

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)