Grantor/Exhibitor Application

Company Name: _____________________________________________________________

Company Representative: ______________________________________________________

Street Address: __________________________________________________________________________

City: _________________________________ State: _____________ Zip: _______________

Tel: _________________________    Email: ________________________________________

Summit Grantor Options

_____ Diamond $25,000
As a Diamond Level Grantor, please list our company as the sponsor for the _________________
(please select two from the event and/or item advertising categories below, $6,500 value limit)

_____ Platinum $20,000
As a Platinum Level Grantor, please list our company as the sponsor for the _________________
(please select from the event or item advertising categories below, $3,500 value limit)

_____ Gold $15,000
As a Gold Level Grantor, please list our company as the sponsor for the _________________
(please select from the event or item advertising categories below, $2,500 Value limit)

_____ Silver $10,000
As a Gold Level Grantor, please list our company as the sponsor for the _________________
(please select from the event or item advertising categories below, $2,000 Value limit)

_____ Bronze $5,000

____ Yes, as a Grantor I would like an exhibit space at the Summit. Please Note: You will be contacted later
for booth selection by a team member when the Exhibit Hall layout is completed.

Advertising Events

_____ Networking Reception $7,500         _____ Networking Luncheon $3,500
_____ Continental Breakfast $3,000        _____ Morning or Afternoon Break $2,500

Advertising Item

_____ Badge-Holder Necklaces $3,500      _____ Registration Desk $2,500
_____ Game Card and Grand Prize Sponsor $2,500 _____ Webcast Sponsorship $2,500
_____ Power Charge Station $2,000
_____ *Individual Marketing Items - $2,000 (example: pens, calculators, water bottles, etc.)

*Marketing Item: __________________________

*Sponsorship fee specified for Individual Marketing Items does not include the cost of the actual items
Twenty-Ninth National HIPAA Summit
March 3 - 5, 2020
Hyatt Regency Crystal City, Arlington, VA

Exhibiting

Booth Pricing: $2,995

____ Yes, I would like to purchase a booth at the Summit. Please Note: You will be contacted later for booth selection by a team member when the Exhibit Hall layout is completed.

Space includes: booth space (8’ deep x 10’ wide) with side and back drape, (1) 6’ x 3’ skirted table, (2) chairs, (1) wastebasket & ID sign. Exhibitors receive one (1) complimentary all-access badge to attend the educational sessions, one (1) exhibit hall only badge, post-conference attendee list with physical mailing addresses for a one-time mailing and a company listing on the Sponsors & Exhibitors webpage.

Print Advertising

____ Full Page Ad in Brochure (Color): $2,200 ______ Registration Booth Location: $1,500
____ Full Page Ad in Brochure (Black/White): $1,600 ______ Handout with Brochure: $2,500
____ Half Page Ad in Brochure (Color): $1,400 ______ Plenary Session Seat Drop: $3,000
____ Half Page Ad in Brochure (Black/White): $1,100 ______ Hotel Room Drop: $2,500

Payment Information

____ Check enclosed for the amount of $____________
(Please make check payable to Health Care Conference Administrators, LLC)
____ Charge to credit card below in the amount of $____________

Name of Card Holder (Please Print): ______________________________________________________

Card No: ________________________________ Expiration: _____________

_____ Visa  _____ MasterCard  _____ American Express

Card Holder’s Signature: ________________________________________________________________

Exhibiting and Sponsor status is not final until payment is received in full. All fees are non-refundable.

TAX ID# 91-1892021

To submit this form for registration, please use any of the following:
  Fax: (206) 673-4823
  Email: exhibits@hcconferences.com
  Mail: HIPAA Summit Exhibit Office, 12320 NE 8th Street, Suite 201, Bellevue, WA 98005

Signature____________________________________ Date____________________

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract and has read and agreed to the Terms and Conditions posted on the conference website at https://hipaasummit.com/terms-conditions/. Exhibitor/Grantor agrees not to extend invitations, call meetings, or schedule social events, including cocktail hours and/or dinners, involving attendees, or otherwise encourage absence of attendees, other exhibitors, or invited guests at any time during the dates of the event without permissions from the conference organizers.

For more information or any questions related to Sponsorship or Exhibiting, please contact the exhibit office by phone at (206) 673-4815 or email at exhibits@hcconferences.com.