

# Twenty Eighth National HIPAA Summit

March 4 - 6, 2019

Grand Hyatt Washington, Washington, DC

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## 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 Silver 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 and would like to select:

Tabletop # \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

### Advertising Event

\_\_\_\_\_ 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

\_\_\_\_\_ Cyber Café \$3,500

\_\_\_\_\_ Registration Desk \$2,500

\_\_\_\_\_ Game Card and Grand Prize Sponsor \$2,500

\_\_\_\_\_ Power Charge Station \$2,000

\_\_\_\_\_ Webcast Sponsorship \$2,500

\_\_\_\_\_ \*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

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## Exhibiting

Tabletop Pricing: \$2,995

\_\_\_\_ Yes, I would like to purchase a tabletop for \$2,995 and would like to select:

Tabletop # \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Includes: tabletop space includes (1) 6' skirted table and (2) chairs. 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 both the Grantors & Exhibitors webpage.

## Print Advertising

\_\_\_\_ Full Page Ad in Brochure (Color): \$2,200

\_\_\_\_ Registration Table Top 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](mailto:exhibits@hcconferences.com)

Mail: HIPAA Summit Exhibit Office, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187

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](mailto:exhibits@hcconferences.com).