

Sponsor Registration Form

HASC is pleased to offer the following sponsorship benefits for the annual conference:

- PLATINUM SPONSOR – \$5,000:** Special recognition as keynote speaker sponsor and as breakout track host; banner featuring company logo; four (4) full conference registrations; an 8' x 10' exhibit booth space with a six-foot table and two chairs in premier location; and prominent recognition on a digital display.
- RUBY SPONSOR – \$3,000:** Includes recognition as a sponsor of (select one): breakfast (2 available), lunch (2 available) or breakout room (2 available); two (2) full conference registrations; a six-foot table and two chairs in premier location; and recognition on a digital display.
- GOLD SPONSOR – \$1,500:** Includes one (1) full conference registration; a six-foot table for a tabletop display in the conference vendor area; and recognition on a digital display in breakout sessions.
- SILVER SPONSOR – \$1,000:** Includes one (1) full conference registration. This sponsorship level provides recognition on a digital display. No vending opportunity is offered at this level.

*Please contact us no later than **December 15, 2012** to ensure your participation at the 2013 Palliative Care Transitions Conference.*

(Please print clearly)

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact (payment in full is required by December 15, 2012)

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Payment Information (Please check one):

Enclosed is check # (payable to HASC): _____ Check Amount: \$ _____

Charge Amount: \$ _____ to the following credit card: MasterCard Visa American Express Discover

Card Number: _____ Exp. Date: _____ Card Holder Zip Code: _____

Card Holder Name (print): _____ Card Holder Signature: _____

**Fax form to (213) 629-4272, Attn: Leticia Salcido or mail to
HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
Attn: Leticia Salcido – Palliative Care 2013
www.hasc.org/2013PalliativeCareConference**

SPONSORSHIP LEVEL COMPLIMENTARY REGISTRATIONS: Platinum (4) Ruby (2) Gold (1) Silver (1)

Organization: _____ Sponsorship Level: _____
 (Please print)

Complimentary Conference Registration. Sponsors receive a specified number of registrations on a complimentary basis. Please list your complimentary registrants here

1. First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Phone: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
2. First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Phone: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
3. First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Phone: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
4. First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Phone: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____

Paid Registrant. List the names of any additional (paid) registrations at the rate of \$100 per person.

5. First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Phone: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
6. First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Phone: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____

Total Sponsor Conference Registration Fee. Number of paid registrants at \$100 per person: _____ = \$ _____

Payment Information (Please check one)

- Enclosed is check # (payable to HASC): _____ Check Amount: \$ _____
- Charge Amount: \$ _____ to the following credit card: MasterCard Visa American Express Discover
- Card Number: _____ Exp. Date: _____ Card Holder Zip Code: _____
- Card Holder Name (print): _____ Card Holder Signature: _____

MAKE CHECK PAYABLE TO HASC AND MAIL TO:

HASC 2013 Palliative Care Transitions Conference, Attn: Leticia Salcido, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
Please fax or email registration form to: Fax: (213) 629-4272, Email: lsalcido@hasc.org, Questions call: (213) 538-0700

Thank you for your registration. HASC will send a confirmation to you prior to the conference.

Hotel Accommodations: Room Block: 10; Room Rate: \$149 Standard Room (single or double)

Reservations: Room assignments can be made directly with the Hilton Pasadena by calling (626) 577-1000 or toll-free 1-800-HILTONS. In doing so, please request the group rate for Hospital Association of Southern California. Reservations can also be made directly via the Personalized On Line Group Page. The cut-off for the group rate is Saturday, January 26, 2013.

Room rates are quoted exclusive of local taxes and fees, currently 15%. California State Tourism Tax is additional \$0.10 per room, per night. Checkout time is 12:00 noon. Based on the hotel's prior night's occupancy, check-in time falls between the hours of 3:00 PM and 6:00 PM.

Cancellations must be received 24 hours prior to arrival or one night room and tax will be assessed.

You may be photographed or videotaped at the event. HASC reserves the right to use these items in promotional, marketing, educational and other materials.