



# 2013 Health Care Provider Wellness Conference

Wellness, Work & Community: Strategies for Sustainable Cultural Change  
June 13-14, The Westin San Diego



## SPONSOR/EXHIBITOR REGISTRATION FORM

### MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Lu-Shonda Johnson-Wilson, HASC Health Care Provider Wellness Conference  
515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 482-8537  
Questions? Call (213) 538-0705

### ORGANIZATION INFORMATION (please print clearly):

Organization Name: \_\_\_\_\_ Organization Website: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Required field. Will receive all follow-up communication.)

Title: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Phone (Area Code/Number): \_\_\_\_\_ Fax: \_\_\_\_\_

### SPONSORSHIP OPPORTUNITIES:

- DIAMOND SPONSOR \$6,000**  
Includes four (4) full-conference registrations
- GOLD SPONSOR \$3,000**  
Includes three (3) full-conference registrations
- BRONZE SPONSOR \$1,500**  
Includes one (1) full-conference registration
- PLATINUM SPONSOR \$4,500**  
Includes exclusive access for four (4) to sponsored event
- SILVER SPONSOR \$2,000**  
Includes two (2) full-conference registrations

**SOLD OUT!**

### ADDITIONAL SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. For additional information, call Lu-Shonda Johnson-Wilson at (213) 538-0705.

**Contributor Sponsorships available for \$900**

**SOLD OUT!**

### REPRESENTATIVES:

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname on badge: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname on badge: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname on badge: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname on badge: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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**SPONSORSHIP LEVEL PAYMENT INFORMATION:**

Full payment required by May 16.

Enclosed is check # \_\_\_\_\_ Sponsorship Amount \$ \_\_\_\_\_

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

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Holder Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**IMPORTANT REMINDERS:**

- Payment for all sponsorship fees is due May 16, 2013, or your sponsorship and exhibit booth may be canceled and resold.  
*Please note: Due to limited space and print deadlines, HASC cannot guarantee sponsor names will appear on signage or in business profiles if the registration/payment is received after May 16, 2013.*
- Conference cancellations received in writing prior to May 16, 2013 will be subject to a 20 percent processing fee. There will be no refunds after this date. All hotel cancellations must be made directly with the hotel and are subject to the hotel's cancellation policy.
- Please send check payable to HASC with your completed registration form to:  
**HASC Health Care Provider Wellness Conference, Attn: Lu-Shonda Johnson-Wilson, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300**
- Fax registration to (213) 482-8537, **attention Lu-Shonda Johnson-Wilson.**
- Platinum Sponsors: Please note, two of the four event attendees are eligible to attend the conference with the two complimentary full-conference registrations. The two full-conference registrations are non-transferrable.
- HASC requires that all participants refrain from planning hospitality events or activities at any time during the Health Care Provider Wellness Conference without HASC's permission. Planning independent events at any time during the Health Care Provider Wellness Conference without the permission of HASC will result in cancellation of the event and forfeiture of any deposits for food and beverage orders.

**HOTEL INFORMATION:**

- The Westin San Diego: A special rate of \$159 (plus applicable fees and taxes) per single or double occupancy per night has been arranged for this conference.
- Reservations may be made by calling toll free 1-888-627-9033 and referring to the **HASC room block. Your credit card will be charged for one night at the time of your reservation.** HASC appreciates the overwhelming response to this event and we encourage you to reserve early.
- Our room block expires on April 23, 2013 or sooner if sold out.

*Thank you for your registration. HASC will send confirmation to you prior to the conference.  
 If you do not receive a confirmation, please call Lu-Shonda Johnson-Wilson at (213) 538-0705.*

**QUESTIONS?**

Contact: Lu-Shonda Johnson-Wilson

- Phone: (213) 538-0705
- Email: lsjohnson-wilson@hasc.org