



SPONSOR REGISTRATION FORM

MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 629-4272
Questions? Call (213) 538-0737

COMPLIMENTARY REGISTRATIONS PER SPONSOR LEVEL DIAMOND: 8 PLATINUM: 6 GOLD: 2

Organization: _____ **Sponsor Level:** _____

1. COMPLIMENTARY CONFERENCE REGISTRATION (please print):

Major sponsors will receive a specified number of registrations on a complimentary basis. Please list your complimentary registrants here.

- 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: _____
- 5. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____
- 6. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____
- 7. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____
- 8. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____

2. PAID REGISTRANTS:

Please list the names of any additional (paid) registrations at the rate of \$895 per person.

- 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: _____

3. BOOTH ATTENDEES:

Exhibitors receive two (2) complimentary booth registrations for Thursday night only, in addition to full conference attendees.

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: _____

4. ADDITIONAL BOOTH ATTENDEES:

Thursday night only, \$195 per person. Maximum of two (2) may attend from any exhibiting sponsor.

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: _____

ADDITIONAL REGISTRATION FEES

5. SPOUSE/ADULT FAMILY MEMBER/GUEST:

\$295 includes: all hosted meal functions, social events and general sessions. (One spouse/adult family member/guest per registrant. We cannot accept business associates at this special pricing.)

First Name: _____ Last Name: _____ Guest Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

6. SPONSOR CONFERENCE REGISTRATION FEES:

Registration confirmed upon receipt of payment.

Section #2: Subtotal (\$895 per person, paid registrants) \$ _____

Section #4: Subtotal (\$195 per person, Thursday night only) \$ _____

Section #5: Subtotal (\$295 spouse/adult family member—limit 1 per person) \$ _____

TOTAL SPONSOR CONFERENCE REGISTRATION FEES \$ _____

7. REGISTRATION PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____

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

Card #: _____ Exp. Date: _____

Cardholder Address: _____ City: _____ Zip Code: _____

Cardholder Name (print): _____ Signature: _____

IMPORTANT REMINDERS:

Payment for sponsorship exhibit fees must be received by February 21, 2014.

Mail payment and make check payable to:

Hospital Association of Southern California
Attn: Leticia Salcido
515 S. Figueroa St., Suite 1300
Los Angeles, CA 90071-3300

Fax registration to (213) 629-4272, attention: Leticia Salcido

Please register your attendees for this event by completing a Sponsor Registration Form. The form will be sent to you in a sponsorship confirmation email.

- **Sponsors** exhibiting at the Thursday night strolling dinner on April 3 may give away only one grand prize per sponsor. Thank you for your cooperation.
- **Please register your attendees** for this event by completing pages 1-2 of this form.
- **Cancellations** received in writing by March 7, will be subject to a \$50 processing fee. Refunds will not be granted after March 7. Refunds will not be given for no-shows. Substitutions accepted at any time.

HOTEL RESERVATIONS:

La Quinta Resort & Club

A special rate of \$274 (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 (800) 598-3828 and referring to the HASC Room Block. Your credit card will be charged for one night upon receipt of your reservations. HASC appreciates the overwhelming response to this event each year and we encourage you to reserve early. Our room block expires March 7 or sooner if sold out. Any hotel room cancellation received within seven days of the check-in date will not be refunded and you will be charged for the full stay. HASC staff will make every effort to identify a replacement guest to take your reservation if you need to cancel within seven days in advance. In the event that you arrive late or depart early, the resort will charge your credit card for the total number of nights reserved.

COMPETING HOSPITALITY EVENTS:

HASC requires that all participants refrain from planning hospitality events or activities at any time during the Annual Meeting without HASC's permission. Planning independent events at any time during the Annual Meeting without the permission of HASC will result in cancellation of the event and forfeiture of any deposits for food and beverage orders. Failure to observe this policy will result in restriction from participating in future events.

Competing times are defined as:

Wednesday, April 2, 8 am to 9 pm

Thursday, April 3, 7 am to 9 pm

Friday, April 4, 7 am to noon

RAFFLE PRIZES:

Sponsors/exhibitors at the Strolling Dinner and Sponsor Reception on April 3 are encouraged but not required to provide one raffle prize. Prizes will be awarded by means of central drawing. Members who have completed the required number of exhibitor visits will be eligible for the drawing. HASC president/CEO Jim Barber will draw names for prizes on the exhibit floor toward the end of the evening. Only one exhibitor prize will be awarded to any member, as our purpose is to allow multiple members the opportunity to win. Members must be present to win. Only members who have completed the required number of visits to exhibitors will be eligible for the drawing. Sponsors and associate members are not eligible to participate. Sponsors may elect to award their prize independently of the central drawing.

Thank you for your sponsorship commitment. All sponsorships must be confirmed in writing. Please contact Leticia Salcido if you do not receive a confirmation email within three business days.

QUESTIONS:

- Phone: (213) 538-0737
- Email: lsalcido@hasc.org
- Fax: (213) 629-4272

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

Scan the code for more event information or visit www.hasc.org/2014-HASC-Annual-Meeting

