



2015 HASC Annual Meeting

April 22 - 24 • Park Hyatt Aviara Resort • Carlsbad

SPONSOR AGREEMENT 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) 538-0987
Questions? Call (213) 538-0737

1. 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: _____ Fax: _____

2. SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. For additional information on sponsorship opportunities, see the Sponsorship Opportunities page in your packet or go to <http://www.hasc.org/2015HASCAnnualMeeting>. To sponsor online go to <https://resweb.passkey.com/go/hospitalAssn>

DIAMOND SPONSOR - \$25,000

Includes eight (8) full-conference registrations and an exhibit booth for Thursday night. Four (4) additional registrations may be purchased at the sponsor rate. (Associate members receive a \$4,000 discount on diamond sponsorship.)

PLATINUM SPONSOR - \$15,000

Includes six (6) full-conference registrations and an exhibit booth for Thursday night. Two (2) additional registrations may be purchased at the sponsor rate. (Associate members receive a \$2,000 discount on platinum sponsorship.)

GOLD SPONSOR - \$8,000

Includes two (2) full-conference registrations and an exhibit booth for Thursday night. Two (2) additional registrations may be purchased at the sponsor rate. (Associate members receive a \$1,000 discount on gold sponsorship.)

3. ADDITIONAL SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. Please note, your sponsorship is subject to approval. For additional information, call Pat Wall at (213) 538-0715.

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Bottled Water | \$5,000 | <input type="checkbox"/> Golf Event | \$3,000 |
| <input type="checkbox"/> Book | \$5,000 | <input type="checkbox"/> Lunch (multiple available) | \$3,000 |
| <input type="checkbox"/> Photo Shoot | \$3,500 | <input type="checkbox"/> Breakfast (2 available) | \$3,000 |
| <input type="checkbox"/> Wine Tasting (multiple available) | \$3,500 | | |

2015 HASC Annual Meeting

Sponsor Agreement Form Continued



4. MY COMPANY AGREES TO ABIDE BY THE FOLLOWING HASC EVENT REGULATIONS:

(By checking the boxes, you agree to the terms listed below.)

- 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 22, 8 am to 9 pm; Thursday, April 23, 7 am to 9 pm; and Friday, April 24, 7 am to noon.

- Raffle Prizes:** Sponsors/exhibitors at the Strolling Dinner and Sponsor Reception on April 23 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.

Signature Name

Title Organization Date

Thank you for supporting the HASC Annual Meeting. Please complete your Sponsor Registration Form at your earliest convenience. The payment deadline is February 28, 2015.

5. SPONSORSHIP LEVEL PAYMENT INFORMATION:

Full payment required by February 28, 2015.

Enclosed is check # _____ Sponsorship Amount \$ _____

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

Card #: _____ Exp. Date: _____

Cardholder Address: _____ Zip Code: _____

Cardholder Name (print): _____ Signature: _____