

# 2015 PALLIATIVE CARE CONFERENCE

## Palliative Care from Concept to Collaboration

March 12, 2015 • Etiwanda Gardens



Inland Empire  
Palliative Care Coalition

### 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 general session host; banner featuring company logo; four (4) full conference registrations with the option to purchase two (2) additional registrations at the sponsor rate of \$125; 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 with the option to purchase two (2) additional registrations at the sponsor rate of \$125; 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 with the option to purchase one (1) additional registration at the sponsor rate of \$125; 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 with the option to purchase one (1) additional registration at the sponsor rate of \$125. This sponsorship level provides recognition on a digital display. No vending opportunity is offered at this level.

**Please contact us no later than February 5, 2015, to ensure your participation at the 2015 Palliative Care Conference.**

*(Please print clearly)*

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Primary Contact (payment in full is required by February 5, 2015)**

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: \_\_\_\_\_ Cardholder Zip Code: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Fax form to (213) 538-0987, Attn: Leticia Salcido; email to [lsalcido@hasc.org](mailto:lsalcido@hasc.org); or mail to:**

HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300, Attn: Leticia Salcido – Palliative Care 2015

[www.hasc.org/2015-palliative-care-conference](http://www.hasc.org/2015-palliative-care-conference)



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### SPONSOR REGISTRATION FORM CONTINUED

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 \$125 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 \$125 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: \_\_\_\_\_ Cardholder Zip Code: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**MAKE CHECK PAYABLE TO HASC AND MAIL TO:**

HASC 2015 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) 538-0987; 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.**

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

