



**NEW THIS YEAR:
WELLNESS
CERTIFICATION
PROGRAM
JUNE 9 AND 10**

**EARLY BIRD
CONFERENCE
REGISTRATION:
BY APRIL 24, 2015**



2015 Health Care Provider Wellness Conference

June 11-12

Renaissance Long Beach Hotel
Long Beach

Sponsors



**HOSPITAL
ASSOCIATION
OF SOUTHERN CALIFORNIA®**



**HOSPITAL ASSOCIATION
of San Diego and Imperial Counties**



**Hospital Council
of Northern & Central California**

LARRY CHAPMAN
MPH, President and CEO
Chapman Institute
*Keynote Presenter
and Wellness Certification
Program Facilitator*



Showcase Your Wellness Products and Services to Key Decision Makers

The 5th Annual HASC Health Care Provider Wellness Conference will put you up close and personal with executives and clinicians from across the country, providing invaluable networking opportunities. Get one-on-one time with representatives from major metropolitan hospitals, community hospitals and health systems among the HASC membership, all in one convenient location.

Who Will Be at the Conference?

Health care providers (hospitals, health systems, clinics, health plans and others), chief medical officers, medical officers, VPs, directors, and managers in charge of:

- HR
- Wellness
- Product management
- Benefits
- Welfare
- Disease management
- Benefit design
- Total rewards
- Consumer education
- Health strategy
- Worksite clinics
- Market research
- Risk management
- Medical affairs
- Research and development
- Employee engagement
- Innovation
- Consumer-directed health plans
- Health promotion
- Product development
- Case management

Increase your visibility through these exciting opportunities at the 2015 Health Care Provider Wellness Conference.

SPONSORSHIP LEVELS

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

PLATINUM SPONSOR – \$5,000

- General session host
- Signage featuring company logo
- Four (4) full conference registrations
- Option to purchase two (2) additional registrations at the sponsor rate of \$150
- Tote bags with sponsor logo
- Attendee list 2 weeks prior to the event
- 8' x 10' exhibit booth space with a six-foot table and two chairs in premier location
- 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 \$150
- A six-foot table and two chairs in premier location
- Recognition on a digital display

GOLD SPONSOR – \$1,500

- One (1) full conference registration
- Option to purchase one (1) additional registration at the sponsor rate of \$150
- A six-foot table and two chairs for a tabletop display in the conference vendor area
- Recognition on a digital display

SILVER SPONSOR – \$1,000

- One (1) full conference registration
- Recognition on a digital display
(No vending opportunity is offered at this level)

PARTICIPATING SPONSORS WILL RECEIVE:

- An onsite attendees list
- Business description included in meeting handouts
- Recognition on the HASC website and in newsletter

CONFERENCE REGISTRATION PACKAGE

The registration fee for each attendee includes education sessions, listed meals and activities. Registration fees do not include conference dinner on June 11, 2015. Please note: Complimentary full-conference registrations are to be used at the discretion of the sponsor. We gratefully acknowledge our sponsors and their contributions, which subsidize the cost of the meeting.

Exhibitor Guidelines

Space Assignments

Exhibiting space assignments will be determined by the Hospital Association of Southern California (HASC) based on sponsorship level, the order in which reservations are received, and the number of tables purchased. Space assignments will be confirmed in writing no later than May 8, 2015.

Exhibit Area Specifications

A six-foot table with furnishing and chairs will be provided for all sponsors. Booth space and large equipment displays are reserved for Platinum sponsorship. Information regarding additional furnishings, equipment and shipping will be emailed to you.

Payments

Payment for all exhibitor fees are due May 8, 2015, or your exhibit space may be cancelled 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 their registration/payment is received after May 8, 2015.

Please make check payable to HASC with your completed registration form to:

Hospital Association of Southern California

Attn: Karen Ochoa

515 S. Figueroa Street, Suite 1300, Los Angeles, CA 90071

Fax: (213) 482-8537

For more information, please contact Karen Ochoa, (213) 538-0765 or kochoa@hasc.org.

Conference Cancellations

Exhibiting cancellations received in writing prior to May 8, 2015, will be subject to a 20 percent processing fee. There will be no refunds after this date.

Hotel Accommodations

Renaissance Long Beach Hotel

111 East Ocean Blvd., Long Beach, CA 90802

Check-in time is 3 p.m.

and checkout is 12 p.m.

Cancellations received

within seven days of

the check-in date will

not be refunded and

you will be charged for the full stay. In the event that

you arrive late or depart early, the hotel will charge your

credit card for the total number of nights reserved. All

hotel cancellations must be made directly with the hotel

and are subject to the hotel's cancellation policy.



Exhibitor Hours

Wednesday, June 10, 2015

Early Exhibitor set-up

6:00pm–7:30pm

Thursday, June 11, 2015

Exhibitor set-up/registration

6:00am–7:30am

Exhibitor hours

7:00am–4:00pm

Exhibitor break

9:30am–10:00am

Exhibitor lunch

11:45am–1:00pm

Exhibitor break

3:30pm–4:00pm

Exhibitor tear down

4:00pm

*Times are subject to change

Exhibitor Raffle

We will be conducting a lunch raffle which includes a two-minute marketing presentation. Exhibitors must participate in the raffle to be included in the marketing presentation. Raffle prize minimum value of \$100 and prize must be present at the time of the raffle. Please remember to bring a bowl to collect business cards.

Dress

Dress comfortably in resort casual wear for all meetings and activities as some sessions may require physical activity. Tennis shoes and gym wear are acceptable. Select meals may be outdoors, weather permitting.

Shipment Information

Have shipments delivered to Renaissance Long Beach Hotel, 111 East Ocean Blvd., Long Beach, CA 90802 no earlier than June 9, 2015.

Ship To: Renaissance Long Beach Hotel

c/o Banquet Manager

111 East Ocean Blvd.

Long Beach, CA 90802

Hold for: <Exhibitor Name>

2015 Health Care Provider Wellness Conference

June 11 & 12, 2015

Table Top Display: Box _____ of _____

*Please note: Exhibitors are responsible for providing the hotel with pre-paid shipping labels.

Fire and Safety

All materials and installations are subject to the fire and safety regulations enforced by state and/or city fire authorities. Volatile or flammable fluids, substances or materials of any nature are prohibited in any booth.

Regulations

HASC reserves the right to deny space to any company whose exhibit is deemed inappropriate to the interest of HASC members or whose presentation is objectionable to the association. 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.

Americans with Disabilities Act

Please call (213) 538-0765.

Thank You 2014 Sponsors

GOLD – Anthem Blue Cross • HFS

BRONZE – InBody • BSDI • Cedars-Sinai • Novartis • Purchasing Power
Rose Hills Memorial Park & Mortuary • Scrubs & Beyond • Venbrook Insurance Services

SUPPORTERS – Journeyworks • Shape Up • The YMCA

REGISTRATION
WWW.HASC.ORG/2015WELLNESSCONFERENCE

(Please print clearly)

Organization: _____

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

Primary Contact (payment in full is required by May 8, 2015)

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

SPONSORSHIP LEVELS:

PLATINUM SPONSOR – \$5,000 **RUBY SPONSOR – \$3,000** **GOLD SPONSOR – \$1,500** **SILVER SPONSOR – \$1,000**

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: _____

2. First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Phone: _____ Email: _____

3. First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Phone: _____ Email: _____

4. First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Phone: _____ Email: _____

Paid Registrant. List the names of any additional (paid) registrations at the rate of \$150 per person.

5. First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Phone: _____ Email: _____

6. First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Phone: _____ Email: _____

Total Sponsor Conference Registration Fee. Number of paid registrants at \$150 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: _____

Cash Back Credit Cards: If the authorized credit card is part of a rewards program that offers cash back or rebate incentives to the cardholder at the expense of the Hospital Association of Southern California (HASC), typically through a higher transaction fee, then by signing below, the card holder authorizes HASC to charge this credit card the dollar amount of the additional fee.

MAKE CHECK PAYABLE TO HASC AND MAIL TO:

HASC 2015 Health Care Provider Wellness Conference, Attn: Karen Ochoa, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
Please fax or email registration form to: Fax: (213) 482-8537; Email: kochoa@hasc.org; Questions call: (213) 538-0765

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.