



**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**

- Recognition as general session host
- Banner featuring company logo
- Four (4) full conference registrations
- Option to purchase two (2) additional registrations at the sponsor rate of \$150
- 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.*