



2012 HASC 2ND ANNUAL HEALTH CARE PROVIDER WELLNESS CONFERENCE

June 14-15, 2012 • Hilton Los Angeles/Universal City • Universal City, CA

SPONSOR/EXHIBITOR REGISTRATION FORM

MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Lu-Shonda Johnson-Wilson, HASC Health Care Provider Wellness Conference
515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 482-8537
Questions? Call (213) 538-0705

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 (Area Code/Number): _____ Fax: _____

SPONSORSHIP OPPORTUNITIES:

Diamond Sponsor \$6,000

Includes two (2) full-conference registrations

Gold Sponsor \$2,000

Includes two (2) full-conference registrations

Platinum Sponsor \$3,000

Includes two (2) full-conference registrations

Exhibitor \$1,000

Includes one (1) full-conference registrations and tabletop display

Additional BOOTH/EXHIBITOR Representatives \$290

Includes meals for June 14, 2012 per representative

ADDITIONAL SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. For additional information, call Lu-Shonda Johnson-Wilson at (213) 538-0705.

Contributor Sponsorships are available for \$800

Bottled Water (Multiple available) Wellness Activity Conference Tote Bags (multiple available)

BOOTH/EXHIBITOR REPRESENTATIVES:

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 BOOTH OR EXHIBITOR ATTENDEE \$180

1. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

Company Address: _____ City: _____ State: _____ Zip Code: _____



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SPONSOR/EXHIBITOR REGISTRATION FORM CONTINUED

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: _____

SPONSORSHIP LEVEL PAYMENT INFORMATION:

Full payment required by May 1.

Enclosed is check # _____ Sponsorship Amount \$ _____

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

Card #: _____ Exp. Date: _____

Card Holder Address: _____ Zip Code: _____

Card Holder Name (print): _____ Signature: _____

IMPORTANT REMINDERS:

- Payment for all sponsorship fees is due May 1, 2012, or your sponsorship and exhibit booth may be canceled and resold.
- Please send check payable to HASC with your completed registration form to:
HASC Health Care Provider Wellness Conference, Attn: Lu-Shonda Johnson-Wilson, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
- Fax registration to (213) 482-8537, attention Lu-Shonda Johnson-Wilson
- 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.
- Sponsors exhibiting may give away only one grand prize per sponsor at lunch time. Thank you for your cooperation.
- The Hilton Los Angeles/Universal City: A special rate of \$169 (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 1-800-HILTONS and referring to the HASC room block. **Your credit card will be charged for at the time of your reservation.** HASC appreciate the overwhelming response to this event and we encourage you to reserve early.
- Our room block expires on May 18, 2012 or sooner if sold out.

Thank you for your registration. HASC will send confirmation to you prior to the conference. If you do not receive a confirmation, please call Lu-Shonda Johnson-Wilson at (213) 538-0705.

QUESTIONS?

Contact: Lu-Shonda Johnson-Wilson • Phone: (213) 538-0705 • Email: lsjohnson-wilson@hasc.org

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