

2017

Health Care Provider Wellness Conference

July 13-14

Wyndham Anaheim Garden Grove

*Creating a Healthy and
Resilient Workforce
and Community!*

SPONSORS



2017 HASC HEALTH CARE PROVIDER WELLNESS CONFERENCE SPONSORSHIP ADVANTAGES

Showcase Your Wellness Products and Services to Key Decision Makers

The 7th-Annual HASC Health Care Provider Wellness Conference, set for Thursday, July 13 and Friday, July 14, will put you up close and personal with executives and clinicians from across the country, providing invaluable networking opportunities. Spend time with representatives from major metropolitan and community hospitals as well as major California health systems, all in the hub of scenic California attractions.

Who Attends the Conference?

Last year's event drew health care provider chief executive officers; chief human resource officers; chief nursing officers; directors of HR, compensation, benefits, employee and occupational health, disease management and wellness, clinical nutrition; wellness administrators and coordinators, health educators, and many more.

THANK YOU TO OUR 2016 SPONSORS

PLATINUM

Anthem Blue Cross

RUBY

Canyon Ranch

GOLD

Epic • Grand Canyon University • HealthStream • KeenanWell • PDHI
Venbrook • West Coast University • YMCA

PARTNERING

Livzo

BENEFITS OF SPONSORSHIP	DIAMOND (\$5,000)	RUBY (\$3,000)	GOLD (\$1,500)	SILVER (\$1,000)
Complimentary full-conference registrations	4	2	1	1
The option to purchase additional registrations at the sponsor rate of \$270	X	X	X	
Recognition as sponsor of our Thursday Evening Networking Dinner	X			
Banner Recognition	X			
Complimentary networking dinner pass	4			
Option to purchase networking dinner pass	4	2	1	
Premier location in vendor conference area	X			
A six-foot table display space and two chairs in the vendor conference area	X	X	X	
List of attendees available two weeks prior to event	X			
Recognition of meal sponsor (Breakfast or Lunch on Thursday)	X	X		
Acknowledgement at the start of each day	X	X	X	X
Exhibit Hall Game & Wellness Team Challenge Participation with Attendees	X	X	X	X
Color slides of your logo displayed at general sessions	4	3	2	1
Two-minute marketing presentation during Exhibitor Raffle (must provide a value of \$100 prize)	X	X	X	
List of attendees available on site	X	X	X	X
Corporate signage at the event	X	X	X	X
Special recognition in HASC's newsletter and website	X	X	X	X
Business description in meeting handout	X	X	X	X



CONFERENCE REGISTRATION PACKAGE

The registration fee for each attendee includes education sessions and listed meals, and entertainment. Registration fees do not include conference dinner, unless otherwise specified, on July 13, 2017. 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 this conference.

Exhibitor Guidelines

Space Assignments

Exhibiting space assignments will be determined by Hospital Association of Southern California (HASC) based on sponsorship level, the order in which reservations are received, and the number of tables purchased.

Exhibit Area Specifications

A six-foot draped table with chair(s), skirt and waste basket will be provided to all exhibitors. Information regarding additional furnishings, equipment and shipping will be emailed to you.

Payments

Payment for all exhibitor fees are due July 1, 2017 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 July 1, 2017.

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

Hospital Association of Southern California

Attn: Jamila Mayers

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

Fax: (213) 482-8537

For more information, please contact Jamila Mayers, (213) 538-0739 or jmayers@hasc.org.

Conference Cancellations

Exhibiting cancellations received in writing prior to July 1, 2017, will be subject to a 20 percent processing fee. There will be no refunds after this date.

Hotel Accommodations

Wyndham Anaheim Garden Grove

12021 Harbor Blvd, Garden Grove, CA 92840

(714) 867-5555



A room rate of \$149++ per night will be applied. Check-in time is 4 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. A Hospitality Service Fee of \$5 will be applied per room, per night. Valet parking is available for \$10 per night. For reservation requests please call (877) 999-3223. All reservations must be made before the due date of June 21, 2017.

Exhibitor Hours*

Wednesday, July 12, 2017

Early exhibitor set-up: 6-7:30 p.m.

Thursday, July 13, 2017

Exhibitor set-up/registration: 6-7:30 a.m.

Exhibitor hours: 7 a.m.-4 p.m.

Attendee break: 9:30-10 a.m.

Attendee and Exhibitor lunch: 11:45 a.m.-1 p.m.

Attendee break: 3:30-4 p.m.

*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

Please have shipments delivered no earlier than July 11.

Attention: Jamila Mayers

Hospital Association of Southern California

Arriving: July 12, 2017

Wyndham Anaheim Garden Grove

12021 Harbor Blvd, Garden Grove, CA 92840

(714) 867-5555

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.



REGISTRATION

(PLEASE PRINT CLEARLY)

Organization: _____

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

Primary Contact (payment in full is required by July 1, 2017)

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

SPONSORSHIP LEVELS:

DIAMOND 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 \$270 per person.

1. First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Phone: _____ Email: _____

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

Title: _____ Phone: _____ Email: _____

Total Sponsor Conference Registration Fee. Number of paid registrants at \$270 per person: _____ = \$ _____

Payment Information

Enclosed is check # (payable to HASC): _____ Check Amount: \$ _____

MAKE CHECK PAYABLE TO HASC AND MAIL TO:

HASC 2017 Health Care Provider Wellness Conference

Attn: Jamila Mayers, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300

If you wish to pay by credit card, please visit: <http://www.event.com/d/b5qz2h/4w>

Please fax or email registration form to: Fax: (213) 482-8537; Email: jmayers@hasc.org; Questions, please call: (213) 538-0739

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.