

2012 HASC
Annual Meeting

May 23-25, 2012 • The Grand Del Mar Resort • San Diego



SPONSOR REGISTRATION FORM

MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 629-4272
Questions? Call (213) 538-0737

1. 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: _____

2. SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. For additional information on sponsorship opportunities, see the Sponsorship Opportunities page in your packet or go to www.hasc.org, click Annual Meeting, Sponsor Opportunities.

Diamond Sponsor \$25,000

Includes eight (8) full-conference registrations and an exhibit booth for Thursday night. Four (4) additional registrations may be purchased at the sponsor rate. (Associate members receive a \$4,000 discount on diamond sponsorship.)

Platinum Sponsor \$15,000

Includes six (6) full-conference registrations and an exhibit booth for Thursday night. Two (2) additional registrations may be purchased at the sponsor rate. (Associate members receive a \$2,000 discount on platinum sponsorship.)

Gold Sponsor \$8,000

Includes two (2) full-conference registrations and an exhibit booth for Thursday night. Two (2) additional registrations may be purchased at the sponsor rate. (Associate members receive a \$1,000 discount on gold sponsorship.)

3. ADDITIONAL SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. For additional information, call Pat Wall at (213) 538-0715.

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Bottled Water Sponsor | \$5,000 | <input type="checkbox"/> Lunch Sponsor (multiple available) – Thursday, May 24 | \$3,000 |
| <input type="checkbox"/> Flash Drive Sponsor | \$5,000 | <input type="checkbox"/> Wine Tasting Sponsor (multiple available) | \$3,000 |
| <input type="checkbox"/> Book Sponsor | \$5,000 | <input type="checkbox"/> Continental Breakfast – Thursday, May 24 | \$3,000 |
| <input type="checkbox"/> Photo Shoot Sponsor – Thursday, May 24 | \$3,500 | <input type="checkbox"/> Continental Breakfast – Friday, May 25 | \$3,000 |
| <input type="checkbox"/> Golf Event – Wednesday, May 23 | \$3,000 | <input type="checkbox"/> Golf Caddies – Wednesday, May 23 | \$3,000 |

4. SPONSORSHIP LEVEL PAYMENT INFORMATION:

Full payment required by April 6.

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: _____

SPONSOR LEVEL COMPLIMENTARY REGISTRATIONS **DIAMOND: 8** **PLATINUM: 6** **GOLD: 2**

Organization: _____ **Sponsor Level:** _____

5. COMPLIMENTARY CONFERENCE REGISTRATION (please print):

Major sponsors will receive a specified number of registrations on a complimentary basis. Please list your complimentary registrants here.

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: _____

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: _____

5. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____

6. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____

7. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____

8. First Name: _____ Last Name: _____ Nickname on badge: _____
 Title: _____ Phone: _____ Email: (required) _____
 Company Address: _____ City: _____ State: _____ Zip Code: _____

6. PAID REGISTRANTS:

Please list the names of any additional (paid) registrations at the rate of \$825 per person.

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: _____

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: _____

7. BOOTH ATTENDEES:

Exhibitors receive two (2) complimentary booth registrations for Thursday night only.

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: _____

8. ADDITIONAL BOOTH ATTENDEES:

Thursday night only, \$150 per person. Maximum of two (2) may attend from any exhibiting sponsor.

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 REGISTRATION FEES

9. SPOUSE/ADULT FAMILY MEMBER/GUEST:

\$250 includes: all hosted meal functions, social events and general sessions. (One spouse/adult family member/guest per registrant. We cannot accept business associates at this special pricing.)

First Name: _____ Last Name: _____ Guest Email: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____

10. SPONSOR CONFERENCE REGISTRATION FEES:

Registration confirmed upon receipt of payment.

Section #6: Subtotal (\$825 per person, paid registrants) \$ _____
 Section #8: Subtotal (\$150 per person, Thursday night only) \$ _____
 Section #9: Subtotal (\$250 spouse/adult family member – limit 1 per person) \$ _____
TOTAL SPONSOR CONFERENCE REGISTRATION FEES \$ _____

11. REGISTRATION PAYMENT INFORMATION:

Enclosed is check # _____ 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 sponsorship exhibit fees must be received by April 6.**
 - Mail payment and make check payable to:
Hospital Association of Southern California
Attn: Leticia Salcido
515 S. Figueroa St., Suite 1300
Los Angeles, CA 90071-3300
 - Fax registration to (213) 629-4272, attention: Leticia Salcido
- **HASC** requires that all participants refrain from planning hospitality events or activities at any time during the Annual Meeting without HASC's permission. Planning independent events at any time during the Annual Meeting without the permission of HASC will result in cancellation of the event and forfeiture of any deposits for food and beverage orders.
- **Sponsors** exhibiting at the Thursday night strolling dinner on May 23, may give away only one grand prize per sponsor. Thank you for your cooperation.
- **Please register your attendees** for this event by completing pages 2-3 of this form.
- **Cancellations** received in writing by May 4, will be subject to a \$50 processing fee. Refunds will not be granted after May 4. Refunds will not be given for no-shows. Substitutions accepted at any time.

HOTEL RESERVATIONS:**The Grand Del Mar Resort**

A special rate of \$325 (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 (855) 314-2030 and referring to the HASC room block. Your credit card will be charged for one night upon receipt of your reservation. HASC appreciates the overwhelming response to this event each year and we encourage you to reserve early. Our room block expires on Monday, April 23 or sooner if sold out. Any cancellation received within seven days of the check in date will not be refunded and you will be charged for the full stay. HASC staff will make every effort to identify a replacement guest to take your reservation if you need to cancel within seven days in advance. In the event that you arrive late or depart early, the resort will charge your credit card for the total number of nights reserved.

The Grand Del Mar Resort will impose a two-night minimum stay for Wednesday, May 23 and Thursday, May 24 (departing on the 25th) in conjunction with the HASC room block. If you plan to stay only one night, we suggest that you stay at the San Diego Marriott Del Mar. We appreciate your cooperation in managing our room block commitment.

San Diego Marriott Del Mar

Guests may also reserve at the San Diego Marriott Del Mar located at 11966 El Camino Real, San Diego, California 92130, a five-minute drive from The Grand Del Mar Resort. A rate of \$149 per overnight room, single or double occupancy, will be available until April 23, 2012. The block is identified under HASC. To reserve, call (800) 228-9290 or (858) 523-1700.

**Thank you for your registration. HASC will send confirmation to you prior to the conference.
If you do not receive a confirmation, please call Leticia Salcido at (213) 538-0737.**

QUESTIONS?

- Phone: (213) 538-0737
- Email: lsalcido@hasc.org
- Fax: (213) 629-4272

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