



HASC ANNUAL MEETING
May 11-13, 2011 • St. Regis Resort, Dana Point
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 12 | \$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 12 | \$3,000 |
| <input type="checkbox"/> Photo Shoot Sponsor – Thursday, May 12 | \$3,500 | <input type="checkbox"/> Continental Breakfast – Friday, May 13 | \$3,000 |
| <input type="checkbox"/> Golf Outing – Wednesday, May 11 | \$3,000 | | |

4. SPONSORSHIP LEVEL PAYMENT INFORMATION:

Full payment required by April 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: _____

SPONSOR REGISTRATION FORM CONTINUED

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: _____

SPONSOR REGISTRATION FORM CONTINUED

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 for 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, Friday 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 Number: _____ Exp. Date: _____

Card Holder Address: _____ Zip Code: _____

Card Holder Name (print): _____ Signature: _____

IMPORTANT REMINDERS:

- **Payment for sponsorship exhibit fees must be received by April 1.**
 - 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 12, 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 April 29, will be subject to a \$50 processing fee. Refunds will not be granted after April 29. Refunds will not be given for no-shows. Substitutions accepted at any time.

HOTEL RESERVATIONS:

- **A special rate of \$305** plus applicable taxes per single or double occupancy per night has been arranged for this conference. Reservations may be made by calling (888) 627-7219.
- **HASC** appreciates the overwhelming response to this event each year and we encourage you to reserve early. Our room block expires on April 12 and the hotel is not required to honor the group rate after this date. Guests will be responsible for the entire reservation for cancellations after May 2. In the event you arrive late or depart early, the resort will charge your credit card for your entire reservation and these charges will be non-refundable. HASC staff will make every effort to identify a replacement guest if you need to cancel after May 2. Thanks for your help with this issue.

**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