

2015 PALLIATIVE CARE CONFERENCE

Palliative Care from Concept to Collaboration

March 12, 2014 • Etiwanda Gardens



Inland Empire
Palliative Care Coalition

SPONSOR REGISTRATION FORM

HASC is pleased to offer the following sponsorship benefits for the annual conference:

- PLATINUM SPONSOR – \$5,000:** Special recognition as keynote speaker sponsor and as general session host; banner featuring company logo; four (4) full conference registrations with the option to purchase two (2) additional registrations at the sponsor rate of \$125; an 8' x 10' exhibit booth space with a six-foot table and two chairs in premier location; and 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 \$125; a six-foot table and two chairs in premier location; and recognition on a digital display.
- GOLD SPONSOR – \$1,500:** Includes one (1) full conference registration with the option to purchase one (1) additional registration at the sponsor rate of \$125; a six-foot table for a tabletop display in the conference vendor area; and recognition on a digital display in breakout sessions.
- SILVER SPONSOR – \$1,000:** Includes one (1) full conference registration with the option to purchase one (1) additional registration at the sponsor rate of \$125. This sponsorship level provides recognition on a digital display. No vending opportunity is offered at this level.

Please contact us no later than February 5, 2015, to ensure your participation at the 2015 Palliative Care Conference.

(Please print clearly)

Organization: _____

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

Primary Contact (payment in full is required by February 5, 2015)

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

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: _____

Fax form to (213) 538-0987, Attn: Leticia Salcido; email to lsalcido@hasc.org; or mail to:

HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300, Attn: Leticia Salcido – Palliative Care 2015

www.hasc.org/2015-palliative-care-conference



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SPONSOR REGISTRATION FORM CONTINUED

SPONSORSHIP LEVEL COMPLIMENTARY REGISTRATIONS: Platinum (4) Ruby (2) Gold (1) Silver (1)

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

2. First Name: _____ Last Name: _____ Preferred Name: _____
Title: _____ Phone: _____ Email: _____
Company Address: _____ City: _____ State: _____ Zip: _____

3. First Name: _____ Last Name: _____ Preferred Name: _____
Title: _____ Phone: _____ Email: _____
Company Address: _____ City: _____ State: _____ Zip: _____

4. First Name: _____ Last Name: _____ Preferred Name: _____
Title: _____ Phone: _____ Email: _____
Company Address: _____ City: _____ State: _____ Zip: _____

Paid Registrant. List the names of any additional (paid) registrations at the rate of \$125 per person.

5. First Name: _____ Last Name: _____ Preferred Name: _____
Title: _____ Phone: _____ Email: _____
Company Address: _____ City: _____ State: _____ Zip: _____

6. First Name: _____ Last Name: _____ Preferred Name: _____
Title: _____ Phone: _____ Email: _____
Company Address: _____ City: _____ State: _____ Zip: _____

Total Sponsor Conference Registration Fee. Number of paid registrants at \$125 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: _____

MAKE CHECK PAYABLE TO HASC AND MAIL TO:

HASC 2015 Palliative Care Transitions Conference, Attn: Leticia Salcido, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300

Please fax or email registration form to: Fax: (213) 538-0987; Email: lsalcido@hasc.org; Questions call: (213) 538-0700

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.

