

The HIPAA Colloquium
August 19-23, 2002
Harvard University, The Annenberg Hall, Cambridge, MA

Sponsor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Colloquium Sponsorships

Sponsorship Level:

_____ Platinum \$15,000

As a Platinum Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event sponsorship or item sponsorship categories below)

_____ Gold \$12,500

As a Gold Level Sponsor, please list our company as the sponsor for the _____ (please select either the Continental Breakfast or the Luncheon)

_____ Silver \$7,500

Event Sponsorships

Event Sponsorship: _____ Registration \$2,500 _____ Continental Breakfast \$3,500

_____ Luncheon \$5,000 _____ Opening Reception \$6,500

Item Sponsorships

Item Sponsorship: _____ Name Badge/Lanyards \$6,500 _____ Tote Bags \$5,000

_____ Binder \$5,000 _____ Pocket Schedule \$4,000

_____ Note Pad \$2,500

Colloquium Binder Advertising

Binder Advertising: _____ Full Page Four Color Ad \$800

_____ Full Page Black/White \$500

Payment Information

____ Check enclosed for the amount of \$_____
(Please make check payable to Health Care Conference Administrators)

____ Charge to credit card below for the amount of \$_____

Name of Card Holder (Please Print): _____

Card Holder's Signature: _____

____ Visa ____ MC ____ AMEX

Card No: _____ Expiration: _____

**Exhibiting and Sponsor status is not final until payment is received. All Fees are non-refundable.
TAX ID# 91-1892021**

Please fax your application to: 760-771-9133

Please email your application to: Conferencehq@aol.com

**Please mail your application to: Sponsor Registration, Attention Linda Jenkins
53881 Avenida Villa, La Quinta, CA 92253**

Signature _____ Date _____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

Complimentary Registrations to the HIPAA Colloquium

Please complete this form and return to Sponsor Registrations by August 12, 2002

Fax to: 760-771-9133

Mail to: Sponsor Registration, Attention Linda Jenkins

53881 Avenida Villa, La Quinta, CA 92253

Platinum Sponsors receive (3) three complimentary registrations

Gold Sponsors receive (2) two complimentary registrations

Silver Sponsors receive (1) one complimentary registration

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____