

**HIPAA Summit East IV**  
April 24-26, 2002 at The Renaissance Marriott, Washington, DC

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**Sponsor/Exhibitor Application**

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If you would only like to purchase an 8 x 10 exhibit space at the HIPAA Summit East IV, the price is \$1,600.00. This price includes an exhibit space, 2-4 exhibitor badges, and company listing in the program guide.

\_\_\_\_\_ **Yes, I would like to purchase an exhibit space at the HIPAA Summit East IV for \$1,600.00 and would like to select Booth # \_\_\_\_\_.**

**Payment Information**

\_\_\_\_\_ Check enclosed for the amount of \$\_\_\_\_\_ (Please make check payable to (HCCA)

\_\_\_\_\_ Charge to credit card below for the amount of \$\_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

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: 760-771-3183**

**Please email your application to: [Conferencehq@aol.com](mailto:Conferencehq@aol.com)**

**Please mail your application to: Conference Headquarters, 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.**