

HIPAA Summit West II
March 13-15, 2002 at The Sheraton Palace Hotel, San Francisco, CA.

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 West II, 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 West II 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

**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.