The Eleventh National HIPAA Summit

September 7 - 9, 2005 Renaissance Washington DC Hotel

Sponsor/Exhibitor Application

Company Name:			_
Company Representati	ve:		
Street Address:			
City:	State:	Zip:	
Tel:	Fax:	Email:	
Sponsorship Level:	Summit Spo	<u>nsorships</u>	
As a Diamond Level Sp		as the sponsor for the gories below, \$10,000 or less in value	(please
As a Platinum Level Sp		as the sponsor for the gories below, \$8,000 or less in value)	(please
	Gold \$50,000 or, please list our company as the event or item sponsorship cated	ne sponsor for the gories below, \$5,000 or less in value)	(please
_	Silver \$25,000		
_	Bronze \$12,500		
	Event Spor	nsorships	
Event Sponsorship:	Registration \$5,000	Continental Breakfast	\$4,500
_	Luncheon \$6,500	Opening Reception \$6	,500
_	Key-Note Speaker \$5,000 (Speaker Name		
	<u>Item Spon</u>	<u>sorships</u>	
Item Sponsorship:	Name Badge/Lanyards \$7,5	Networking Reception	\$15,000
_	Tote Bags \$10,000	Pocket Schedule \$5,00	00
_	Note Pad \$25,000	Gel Click Pens \$2,500	
	Binder \$5,000	Calculators \$3,500	
	Cyber Café \$2,500	Coffee Mugs \$2,500	

Exhibiting

If you would only like to purchase a 10' x 10' exhibit space at the HIPAA Summit XI the price is \$1,895.00. This price includes an exhibit space, 1 Complimentary all-access badge for September 7 - 9, 2005, up to 2 exhibitor badges and company listing in the program guide. Yes, I would like to purchase an exhibit space at the HIPAA Summit XI for \$1,895.00 and would like to select Booth # ______ 2nd Choice _____ 3rd Choice _____ Yes, I would like the exhibit space at the HIPAA Summit XI that is included with my major sponsorship Booth # ______ 2nd Choice _____ 3rd Choice _____ 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: 215-545-8107 Please email your application to: joni.lipson@rmpinc.com Please mail your application to: Sponsor/Exhibitor Registration, Attn: Joni Lipson 100 North 20th Street, 4th Floor Philadelphia, PA 19103 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 Summit XI

Please complete this form and return to Sponsor/Exhibitor Registrations no later than August 1, 2005. Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 100 North 20th Street, 4th Floor, Philadelphia, PA 19103

- *Diamond Sponsors receive (20) twenty complimentary registrations
- *Platinum Sponsors receive (15) fifteen complimentary registrations
- *Gold Sponsors receive (10) ten complimentary registrations
- *Silver Sponsors receive (5) five complimentary registrations
- *Bronze Sponsors receive (2) two complimentary registrations
- *Exhibitors receive (1) complimentary registration and up to 1 expo only badges

Name:		Title:
Company:		
Address:		
Phone:	Fax:	Email:
Badge Type:		(Please Specify Expo Only or All Access)
Name:		Title:
Company:		
Address:		
Phone:	Fax:	Email:
Badge Type:		(Please Specify Expo Only or All Access)
Name:		Title:
Company:		
Address:		
Phone:	Fax:	Email:
Badge Type:		(Please Specify Expo Only or All Access)