

Thirtieth Virtual National HIPAA Summit

March 22-25, 2021
Virtual Online Video Live and Archived

Grantor/Exhibitor Application

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To submit this form for registration, please use any of the following:

Fax: (206) 244-2681

Email: exhibits@hcconferences.com

Mail: HIPAA Summit Exhibit Office, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005

Signature _____ Date _____

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract and has read and agreed to the Terms and Conditions posted on the conference website at <http://www.hipaasummit.com/terms-conditions/>. Exhibitor/Grantor agrees not to extend invitations, call meetings, or schedule social events, including cocktail hours and/or dinners, involving attendees, or otherwise encourage absence of attendees, other exhibitors, or invited guests at any time during the dates of the event without permissions from the conference organizers.

For more information or any questions related to Sponsorship or Exhibiting, please contact the exhibit office by phone at (206) 244-4861 or email at exhibits@hcconferences.com.