



2017 HASC ANNUAL MEETING

APRIL 5 - 7

Bacara Resort & Spa, Santa Barbara, California

SPONSOR REGISTRATION FORM

MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 538-0987

Questions? Call (213) 538-0737 or email LSalcido@hasc.org

COMPLIMENTARY REGISTRATIONS PER SPONSOR LEVEL DIAMOND: 8 PLATINUM: 6 GOLD: 2

Organization: _____ Sponsor Level: _____

Address: _____ City: _____ State: _____ Zip: _____

1. COMPLIMENTARY CONFERENCE MEETING (please print):

Major sponsors will receive a specified number of registrations on a complimentary basis. Please list your complimentary registrants here.

1. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

2. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

3. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

4. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

5. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

6. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

7. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

8. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

2. PAID REGISTRANTS:

Please list the names of any additional (paid) registrations at the rate of \$995 per person.

1. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

2. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

3. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

4. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____



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3. BOOTH ATTENDEES:

Exhibitors receive two (2) complimentary booth registrations for Thursday night only, in addition to full conference attendees.

1. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

2. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

4. ADDITIONAL BOOTH ATTENDEES:

Thursday night only, \$295 per person. Maximum of two (2) may attend from any exhibiting sponsor.

1. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

2. First Name: _____ Last Name: _____ Nickname on badge: _____

Title: _____ Phone: _____ Email: (required) _____

ADDITIONAL REGISTRATION FEES

5. SPONSOR MEETING REGISTRATION FEES:

Registration confirmed upon receipt of payment.

Section #2: Subtotal \$995 x _____ registrants \$ _____

Section #4: Subtotal Additional booth attendees, \$295 x _____ registrants, Thursday night only \$ _____

TOTAL SPONSOR CONFERENCE REGISTRATION FEES \$ _____

6. REGISTRATION PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____

To pay by credit card, please visit: www.hasc.org/2017-hasc-annual-meeting



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IMPORTANT REMINDERS:

Payment for sponsorship exhibit fees must be received by February 1, 2017.

Mail payment and make check payable to:

Hospital Association of Southern California
Attn: Leticia Salcido

515 S. Figueroa St., Suite 1300 Los Angeles, CA 90071-3300

Fax registration to (213) 538-0987, attention: Leticia Salcido

Please register your attendees for this event by completing a Sponsor Registration Form. The form will be sent to you in a sponsorship confirmation email.

- **Sponsors** exhibiting at the Thursday night strolling dinner on April 6 may give away only one grand prize per sponsor. Thank you for your cooperation.
- **Please register your attendees** for this event by completing pages 1-2 of this form.
- **Cancellations** received in writing by March 8, will be subject to a \$50 processing fee. Refunds will not be granted after March 8. Refunds will not be given for no-shows. Substitutions accepted at any time.

HOTEL RESERVATIONS:

Bacara Resort and Spa, Santa Barbara

A special rate of \$299 plus applicable fees and taxes per single or double occupancy per night has been arranged for this conference. Reservations may be made through Bacara's web site: <https://aws.passkey.com/event/15730266/owner/13640/home>, or call (877) 422-4245. Your credit card will be charged for one night upon receipt of your reservation. Our room block expires on March 8 or sooner if sold out. Any cancellation received within seven days of the check-in date will not be refunded for the one night deposit. If you need to cancel your hotel reservation, please call HASC first at 213-538-0737 and we will make every effort to identify a replacement guest to take your reservation. In the event that you arrive late or depart early, the resort will charge your credit card for the total number of nights reserved.

HASC appreciates the overwhelming response to this event each year and we encourage you to reserve early.

COMPETING HOSPITALITY EVENTS:

HASC requires that all participants refrain from planning hospitality events or activities at any time during the Annual Meeting without HASC's permission. Planning independent events at any time during the Annual Meeting without the permission of HASC will result in cancellation of the event and forfeiture of any deposits for food and beverage orders. Failure to observe this policy will result in restriction from participating in future events. Gold level and higher sponsors may conduct invitation only events onsite at Bacara after 8:45 pm. Offsite events are not permitted. We appreciate your cooperation. Competing times are defined as: *Wednesday, April 5, 8 am to 9 pm · Thursday, April 6, 7 am to 8:45 pm · Friday, April 7, 7 am to noon.*

RAFFLE PRIZES:

Sponsors/exhibitors at the Strolling Dinner and Sponsor Reception on April 6 are encouraged but not required to provide one raffle prize. Prizes will be awarded by means of central drawing. Members who have completed the required number of exhibitor visits will be eligible for the drawing. HASC President/CEO will draw names for prizes on the exhibit floor toward the end of the evening. Only one exhibitor prize will be awarded to any member, as our purpose is to allow multiple members the opportunity to win. Members must be present to win. Only members who have completed the required number of visits to exhibitors will be eligible for the drawing. Sponsors and associate members are not eligible to participate. Sponsors may elect to award their prize independently of the central drawing.

*Thank you for your sponsorship commitment. All sponsorships must be confirmed in writing.
Please contact Leticia Salcido if you do not receive a confirmation email within three business days.*

AMERICANS WITH DISABILITIES ACT

Americans With Disabilities Act (ADA): Please call (213) 538-0737 for any special needs or assistance.

QUESTIONS?

• Phone: (213) 538-0737 • Email: lsalcido@hasc.org • Fax: (213) 538-0987.