



**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](mailto:LSalcido@hasc.org)

**COMPLIMENTARY REGISTRATIONS PER SPONSOR LEVEL**

**DIAMOND: 8    PLATINUM: 6    GOLD: 2    CONTRIBUTOR: 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. Registrants must be employees of the same sponsoring organization.**

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) \_\_\_\_\_



**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/2018-HASC-Annual-Meeting](http://www.hasc.org/2018-HASC-Annual-Meeting)



## IMPORTANT REMINDERS:

**Payment for sponsorship fees must be received by February 1, 2018.**

**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.*

- **Sponsors** exhibiting at the Thursday night strolling dinner on April 12 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 16, will be subject to a \$50 processing fee. Refunds will not be granted after March 16. Refunds will not be given for no-shows. Substitutions accepted at any time.

## HOTEL RESERVATIONS:

**Park Hyatt Aviara Resort, Carlsbad**

A special rate of \$309 plus applicable fees and taxes per single or double occupancy per night has been arranged for this conference. Reservations may be made through Park Hyatt's web site: <https://aws.passkey.com/go/HASC2018AnnualMeeting>, or call (888) 421-1442. Your credit card will be charged for one night upon receipt of your reservation. Our room block expires on March 16 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 Park Hyatt Aviara after 8:45 pm. Offsite events are not permitted. We appreciate your cooperation. Competing times are defined as: *Wednesday, April 11, 8 am to 9 pm · Thursday, April 12, 7 am to 8:30 pm · Friday, April 13, 7 am to noon.*

## RAFFLE PRIZES:

Sponsors/exhibitors at the Strolling Dinner and Sponsor Reception on April 12 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.

## QUESTIONS?

Phone: (213) 538-0737 · Email: [lsalcido@hasc.org](mailto:lsalcido@hasc.org) · Fax: (213) 538-0987.