

Educational Grantor & Exhibitor Application

Sixth Annual National Congress
on Health Care Compliance

Contact Information

COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____ FAX () _____
 E-MAIL _____
 CONTACT PERSON _____
 AUTHORIZED SIGNATURE _____
 BADGE INFORMATION 1. _____
 (2 PER TABLETOP — 2. _____
 EACH ADDITIONAL 1. _____
 EXHIBITOR IS 2. _____
 \$150.00 EACH 3. _____
 4. _____

Educational Grantor Benefits

- Educational Grantor — the event we want to sponsor is:
- Lunch with Speaker on Thursday
 - Lunch with Speaker on Friday
 - Keynote Speaker or Panel
 - Continental Breakfast (2 available — Thurs. or Fri.)
 - 1 Refreshment Break (5 breaks available)

Other Sponsorship Opportunities

- | | |
|--|---|
| <input type="checkbox"/> Networking Reception | <input type="checkbox"/> Calculator \$6,000 |
| \$15,000 | <input type="checkbox"/> Badge-Holder Necklaces |
| <input type="checkbox"/> Conference Bags \$15,000 | \$5,000 |
| <input type="checkbox"/> Notepad \$8,000 | <input type="checkbox"/> Pocket Schedule \$5,000 |
| <input type="checkbox"/> Coffee Mugs \$8,000 | <input type="checkbox"/> Binder \$8,000 |
| <input type="checkbox"/> Highlighter Pen . . . \$5,000 | |

Tabletop Rental (Includes 2 exhibitor personnel)

- Tabletop rental _____ @ \$1395 \$ _____
 (Postmarked by 1/2/03)
 Tabletop rental _____ @ \$1695 \$ _____
 (Postmarked after 1/2/03)
 Add'l personnel at table _____ @ \$150 \$ _____

Tabletop choice — see floor plan for location numbers:
 1st choice 2nd choice 3rd choice

Please list any companies you would rather not be near:

Advertising

- Reserve my company a prime advertising spot in the program. Description of ad(s) — size, color etc.:

Payment Information

- Educational Grantor
 Major Sustaining Contributing Cost \$ _____
 Other Sponsorship Opportunities Cost \$ _____
 Exhibitor Cost \$ _____
 Advertiser ____ Pages (see rate sheet) Cost \$ _____
 Door Drop Ads Cost \$ _____
 *Total \$ _____

Tax ID Number 91-1892021

Reservations for Congress

Educational Sessions

With the purchase of each 6' tabletop space, exhibitors receive one admission to the Congress educational sessions. To receive a Congress registration packet, call Joni Lipson at 800-546-3750.

Billing Information

Amount \$

Check Enclosed
 Charge my Credit Card:
 AMEX Visa MC EXP. DATE ____ / ____
 ACCOUNT NUMBER: - - -
 NAME ON CARD: _____
 SIGNATURE: _____

50% deposit is required for all marketing options chosen. Balance must be paid in full by 1/2/02. Cancellation fee for exhibit space is the full deposit. Advertising and Educational Grantor fees are non-refundable. A confirmation letter and exhibitor service kit will be sent to confirmed exhibitors prior to the conference. Two exhibitor name badges will be issued per display space.

Make check payable to:

Health Care Conference Administrators, LLC.

Please return this completed form with check to:

Joni Lipson, 1211 Locust Street, Philadelphia, PA 19107

Phone: 800-546-3750 • Fax: 215-545-8107

Email: joni.lipson@rmpinc.com