Fourteenth National Value-Based Payment and Pay for Performance Summit

February 25 - 27, 2019 Hyatt Regency LAX, Los Angeles, CA

Grantor/Exhibitor Application

Company Name:	
Company Representative:	
Street Address:	
City: State:	Zip:
Tel: Email:	
Summit Gran	tor Options
Grantor Level: Diamond \$50,000	
As a Diamond Level Grantor, please list our company as	
(please select two from the event and/or item advertising	ng categories below, \$9,000 value limit)
Platinum \$40,000	
As a Platinum Level Grantor, please list our company as (please select from the event or item advertising category)	
Gold \$30,000	, , ,
As a Gold Level Grantor, please list our company as the	
(please select from the event or item advertising categor	ories below, \$5,000 Value limit)
Silver \$20,000	6 11
As a Gold Level Grantor, please list our company as the (please select from the event or item advertising category)	
Bronze \$10,000	, , ,
Yes, as a Grantor I would like an exhibit space at will be contacted later for booth selection by a team me	
Advertising	g Events
Networking Reception \$10,000	Networking Luncheon \$6,500
Continental Breakfast \$4,000	Morning or Afternoon Break \$3,000
Advertisin	ng Items
Badge-Holder Necklaces \$5,000	Registration Desk \$5,000
Game Card and Grand Prize Sponsorship \$5,000	Cyber Café \$5,000
Power Charge Station \$3,000	Webcast Sponsorship \$5,000
*Individual Marketing Items - \$3,0	000 (example: pens, calculators, water bottles, etc.)
*Marketing Item:	

^{*}Sponsorship fee specified for Individual Marketing Items does not include the cost of the actual items

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Exhibiting

Booth Pricing: \$2,995		
Yes, I would like to purchase an exhibit space at the Pay for Performance Summit. Please Note: You will be contacted later for booth selection by a team member when the Exhibit Hall layout is completed.		
	ll-access badge to attend the educational sessions, one (1) ogram CD as well as an attendee list with physical mailing	
Print Advertising		
Full Page Ad in Brochure (Color): \$3,000	Registration Table Top Location: \$3,500	
Full Page Ad in Brochure (Black/White): \$2	,200 Handout with Brochure: \$4,500	
Half Page Ad in Brochure (Color): \$1,800	Plenary Session Seat Drop: \$5,000	
Half Page Ad in Brochure (Black/White): \$1	.,100 Hotel Room Drop: \$4,000	
Payment Information		
Check enclosed for the amount of \$(Please make check payable to Health Care Conference Administrators, LLC)		
Charge to credit card below in the amount of \$		
Name of Card Holder (Please Print):		
Card No:	Expiration:	
Visa MasterCard American Express		
Card Holder's Signature:		
Exhibiting and Sponsor status is not final until pa TAX ID# 91-1892021	syment is received in full. All fees are non-refundable.	
To submit this form for registration, please use a Fax: (206) 673-4823 Email: exhibits@hcconferences.com Mail: Pay for Performance Summit Exhib 98005	it Office, 12320 NE 8th Street, Suite 201, Bellevue, WA	
Signature	Date	
Du signature above the individual signing this sa	entwart vanyagants and wayyants that ha /sha is duly	

By signature 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 www.PfPSummit.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 members, 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) 673-4815 or email at exhibits@hcconferences.com.