

Ninth National Medical Home Summit

June 10 - 12, 2020
Grand Hyatt, Washington, DC

Grantor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

Summit Grantor Options

Exhibitor Level:

_____ Diamond \$50,000

As a Diamond Level Grantor, please list our company as the sponsor for the _____
(please select two from the event and/or item advertising listings below, \$7,500 value limit)

_____ Platinum \$37,500

As a Platinum Level Grantor, please list our company as the sponsor for the _____
(please select from the event or item advertising listings below, \$4,500 value limit)

_____ Gold \$25,000

As a Gold Level Grantor, please list our company as the sponsor for the _____
(please select from the event or item advertising listings below, \$3,000 value limit)

_____ Silver \$15,000

As a Silver Level Grantor, please list our company as the sponsor for the _____
(please select from the event or item advertising categories below, \$2,500 Value limit)

_____ Yes, as a Grantor I would like an exhibit space at the Summit. Please Note: You will be contacted later for booth selection by a team member when the Exhibit Hall layout is completed.

Advertising Event

_____ Networking Reception \$10,000

_____ Networking Luncheon \$4,500

_____ Continental Breakfast \$3,500

_____ Morning or Afternoon Break \$2,500

Advertising Item

_____ Badge-Holder Necklaces \$4,000

_____ Cyber Café \$4,000

_____ Registration Desk \$3,000

_____ Game Card and Grand Prize Sponsor \$3,000

_____ Power Charge Station \$2,500

_____ Webcast Sponsorship \$3,000

_____ *Individual Marketing Items - \$2,500 (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 a Booth space at the Summit. Please Note: You will be contacted later for booth selection by a team member when the Exhibit Hall layout is completed.

Includes: Booth space, one (1) complimentary all-access badge to attend the educational sessions, one (1) exhibit hall only badge, post-conference attendee list with physical mailing addresses for a one-time mailing and a company listing on the Sponsors & Exhibitors webpage.

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 payment is received in full. All fees are non-refundable.
TAX ID# 91-1892021

To submit this form for registration, please use any of the following:
Fax: (206) 673-4823
Email: exhibits@hconferences.com
Mail: Medical Home Summit Office, 12320 NE 8th Street, Suite 201, 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 <https://www.medicalhomesummit.com/terms-conditions/>. Exhibitor 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) 673-4815 or email at exhibits@hconferences.com.