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  
_____ Full Page Ad in Brochure (Black/White): $2,200  
_____ Half Page Ad in Brochure (Color): $1,800  
_____ Half Page Ad in Brochure (Black/White): $1,100

_____ Registration Table Top Location: $3,500  
_____ Handout with Brochure: $4,500  
_____ Plenary Session Seat Drop: $5,000  
_____ 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@hcconferences.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@hcconferences.com.