## EIGHTH NATIONAL ALTERNATIVE PAYMENT MODEL (APM) AND ACCOUNTABLE CARE ORGANIZATION (ACO) SUMMIT

June 28 - 29, 2017 Hyatt Regency Crystal City, Arlington, VA

## **Grantor/Exhibitor Application**

Company Name:				
Company Representative:				
Street Address:				
City:	State:	Zip:		
Tel: En	nail:			
Summit Grantor Options				
Exhibitor Level: Diamond \$50,000 As a Diamond Level Grantor, please list of (please select two from the event and/or				
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 (please select from the event or item adv				
Bronze \$7,500				
Yes, as a Grantor I would like an exhibit space at the Summit and would like to select:				
Booth # 2nd Choice 3rd Choice				
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**

8' x 10' Exhibit Booth: - \$2,995

Includes: booth space 8' deep x 10' wide with side and back drape, (1) 6' x 3' skirted table, (2) chairs, (1) nal or a

sessions, one (1)		-conference	entary all-access badge to attend the education attendee list with physical mailing addresses for Exhibitors webpage.
Yes, I woul	d like to purchase a tabletop	space at the	Summit for \$2,995 and would like to select:
Tabletop #	2nd Choice	_ 3rd Choice	
		Print Adve	rtising
Full Page A	d in Brochure (Color): \$3,000	_	Registration Table Top Location: \$3,500
Full Page A	d in Brochure (Black/White):	\$2,200 _	Handout with Brochure: \$4,500
Half Page A	Ad in Brochure (Color): \$1,800		Plenary Session Seat Drop: \$5,000
Half Page A	Ad in Brochure (Black/White):	\$1,100 _	Hotel Room Drop: \$4,000
	<u>Pa</u>	ayment Info	<u>ormation</u>
	nclosed for the amount of \$_ eck payable to Health Care Co	onference Ad	ministrators, LLC)
Charge t	to credit card below in the an	nount of \$	
Name of Card Ho	older (Please Print):		
Card No:			Expiration:
Visa	MasterCard Americ	an Express	
Card Holder's Sig	nature:		
Exhibiting and Sp TAX ID# 91-1892		payment is r	eceived in full. All fees are non-refundable.
Fax: (206 Email: ex	rm for registration, please us 6) 673-4823 khibits@hcconferences.com O Summit Exhibit Office, 1233	·	following: eet, Suite 101, Bellevue, WA 98005-3187
Signature		D	ate

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 http://www.ACOSummit.com/terms/. 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.