

# Quality Colloquium

August 24-27, 2003 Harvard University, Cambridge, MA

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## Sponsor/Exhibitor Application

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Summit Sponsorships

Sponsorship Level:

\_\_\_\_\_ Platinum \$15,000

As a Platinum Level Sponsor, please list our company as the sponsor for the \_\_\_\_\_  
(please select from one of the event sponsorship or item sponsorship categories below)

\_\_\_\_\_ Gold \$10,000

As a Gold Level Sponsor, please list our company as the sponsor for the \_\_\_\_\_  
(please select either the Continental Breakfast or the Luncheon)

\_\_\_\_\_ Silver \$7,500

## Event Sponsorships

Event Sponsorship: \_\_\_\_\_ Registration \_\_\_\_\_ Continental Breakfast

\_\_\_\_\_ Break \_\_\_\_\_ Luncheon

\_\_\_\_\_ Reception

## Item Sponsorships

Item Sponsorship: \_\_\_\_\_ Badges/Lanyards \$5,000 \_\_\_\_\_ Tote Bags \$8,000

\_\_\_\_\_ Binder \$10,000 \_\_\_\_\_ Pocket Schedule \$5,000

\_\_\_\_\_ Note Pad \$5,000 \_\_\_\_\_ Opening Reception \$10,000

Exhibiting

If you would only like to purchase a tabletop at the Quality Colloquium the price is \$1,895.00. This price includes an exhibit space, 1 Complimentary all-access badge for August 25-26, 2003, up to 2 exhibitor badges and company listing in the program guide.

\_\_\_\_\_ Yes, I would like to purchase an exhibit space at the Quality Colloquium for \$1,895.00 and would like to select Booth # \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

\_\_\_\_\_ Yes, I would like the exhibit space at the Quality Colloquium that is included with my major sponsorship Booth # \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Payment Information

\_\_\_\_\_ Check enclosed for the amount of \$ \_\_\_\_\_ (Please make check payable to Health Care Conference Administrators)

\_\_\_\_\_ Charge to credit card below for the amount of \$ \_\_\_\_\_

Name of Card Holder (Please Print): \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX

Card No: \_\_\_\_\_ Expiration: \_\_\_\_\_

Exhibiting and Sponsor status is not final until payment is received. All Fees are non-refundable.

TAX ID# 91-1892021

Please fax your application to: 215-545-8107

Please email your application to: [joni.lipson@rmpinc.com](mailto:joni.lipson@rmpinc.com)

Please mail your application to: Sponsor/Exhibitor Registration, Attn: Joni Lipson  
1211 Locust St.  
Philadelphia, PA 19107

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

## Complimentary Registrations to the Quality Colloquium

Please complete this form and return to Sponsor/Exhibitor Registrations no later than August 18, 2003. Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211 Locust St., Philadelphia, PA 19107

- \*Platinum Sponsors receive (9) nine complimentary registrations
- \*Gold Sponsors receive (6) six complimentary registrations
- \*Silver Sponsors receive (4) four complimentary registration
- \*Exhibitors receive (1) complimentary registration and up to 2 expo only badges

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Badge Type: \_\_\_\_\_ (Please Specify Expo Only or All Access)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Badge Type: \_\_\_\_\_ (Please Specify Expo Only or All Access)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Badge Type: \_\_\_\_\_ (Please Specify Expo Only or All Access)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Badge Type: \_\_\_\_\_ (Please Specify Expo Only or All Access)