

The 2005 Quality Colloquium
August 21-24, 2005
Harvard University, Cambridge, MA

Sponsor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Summit Sponsorships

Sponsorship Level:

_____ Diamond \$100,000

As a Diamond Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event or item sponsorship categories below, \$10,000 or less in value)

_____ Platinum \$75,000

As a Platinum Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event or item sponsorship categories below, \$8,000 or less in value)

_____ Gold \$50,000

As a Gold Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event or item sponsorship categories below, \$5,000 or less in value)

_____ Silver \$25,000

_____ Bronze \$12,500

Event Sponsorships

Event Sponsorship: _____ Registration \$5,000 _____ Continental Breakfast \$4,500

_____ Luncheon \$6,500 _____ Networking Reception \$10,000

_____ Key-Note Speaker \$5,000 (Speaker Name _____)

Item Sponsorships

Item Sponsorship: _____ Name Badge/Lanyards \$7,500 _____ Tote Bags \$10,000

_____ Note Pad \$25,000 _____ Pocket Schedule \$5,000

_____ Binder \$5,000 _____ Gel Click Pens \$2,500

_____ Cyber Café \$5,000 _____ Calculators \$3,500

_____ Coffee Mugs \$2,500

Exhibiting

If you would only like to purchase 8-foot table top display space at the 2005 Quality Colloquium the price is \$1,895.00. This price includes an exhibit space, 1 Complimentary all-access badge for August 22-23, 2005, up to 2 exhibitor badges and company listing in the program guide.

_____ Yes, I would like to purchase an exhibit space at the 2005 Quality Colloquium for \$1,895.00 and would like to select Booth # _____ 2nd Choice _____
3rd Choice _____

_____ Yes, I would like the exhibit space at the 2005 Quality Colloquium that is included with my major sponsorship Booth # _____ 2nd Choice _____
3rd 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

Make check(s) payable to: Health Care Conference Administrators. Call 800-546-3750 for any questions.

To submit this form for registration, please use any of the following:

Fax: 215-545-8107

Email: joni.lipson@rmpinc.com

Mail: Joni Lipson

Quality Colloquium

1211 Locust Street

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 2005 Quality Colloquium

Please complete this form and return to Sponsor/Exhibitor Registrations no later than August 16, 2005.
Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211
Locust Street, Philadelphia, PA, 19107

- *Diamond Sponsors receive (20) twenty complimentary registrations
- *Platinum Sponsors receive (15) fifteen complimentary registrations
- *Gold Sponsors receive (10) ten complimentary registrations
- *Silver Sponsors receive (5) five complimentary registration
- *Bronze Sponsors receive (2) two complimentary registration
- *Exhibitors receive (1) complimentary registration and up to 1 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)