

2005 Get Connected Knowledge Forum

June 27 – 29, 2005 Gaylord Texan Resort, Grapevine, TX

Sponsor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Grantor Sponsorships

Grantor Levels:

_____ **Diamond \$100,000**

As a Diamond Level Sponsor, please list our company as the sponsor for the _____
(please select one event or item sponsorship for \$10,000 or less in value to sponsor at no additional cost)

_____ **Platinum \$75,000**

As a Platinum Level Sponsor, please list our company as the sponsor for the _____
(please select one event or item sponsorship of \$8,000 or less in value to sponsors at no additional cost)

_____ **Gold \$50,000**

As a Gold Level Sponsor, please list our company as the sponsor for the _____
(please select one event or item sponsorship of \$5,000 or less in value to sponsor at no additional cost)

_____ **Silver \$25,000**

_____ **Bronze \$20,000**

Food Sponsorships

_____ Luncheon Tuesday \$25,000

_____ Opening Reception \$15,000

_____ Dinner Tuesday Night \$25,000 - \$10,000

Item Sponsorships

_____ Badges/Lanyards \$7,500

_____ Conference Bags \$10,000

_____ Pocket Schedule \$5,000

_____ Gel Click Pens \$2,500 (Sponsorship Fee)

_____ Conference Binder \$7,000

_____ Demo Room/Cyber Café \$15,000

Exhibiting

If you would only like to purchase _____ exhibit space(s) at the Get Connected Knowledge Forum, the price is \$1,850.00. This price includes one exhibit space, 2 exhibitor badges including 1 Complimentary all-access badge for June 27-29, 2005, and a company listing in the program guide.

_____ Yes, I would like to purchase an exhibit space at the Get Connected Knowledge Forum for \$1,850.00 and would like to select Booth # _____ 2nd Choice _____ 3rd Choice _____

_____ Yes, I would like the exhibit space at the Get Connected Knowledge Forum 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

Please fax your application to: 215-545-8107
Please email your application to: 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 Get Connected Knowledge Forum

Please complete this form and return to Sponsor/Exhibitor Registrations no later than June 20, 2005. Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211 Locust St., 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 registrations
- *Exhibitors receive (1) complimentary registration and 1 expo only badge

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)