

Twentieth Population Health Colloquium

October 5 - 7, 2020

Grantor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

Colloquium Grantor/Exhibitor Options

_____ **Gold** \$40,000 _____ **Silver** \$20,000 _____ **Bronze** \$7,500 _____ **Exhibitor** \$2,995

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, download completed form and return to any of the following:

Fax: (206) 244-2681

Email: exhibits@hconferences.com

Mail: Population Health Colloquium Exhibit Office, 12320 NE 8th Street, Suite 200, 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 <http://populationhealthcolloquium.com/terms-conditions/>. Exhibitor/Grantor 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) 244-4861 or email at exhibits@hconferences.com.