

Application



2023 Disaster Planning Conference
October 3 – 4, Sacramento Convention Center

Submit Completed Application

Email: lhartzell@calhospital.org
Questions: Lisa Hartzell, (916) 552-7502
Send to: California Hospital Association
Education Department
1215 K Street, Suite 700
Sacramento, CA 95814

Select Your Level

- Platinum Sponsor (\$8,000) Beyond the Booth
(please select your choice(s) for
sponsor/exhibitor enhancements)
- Gold Sponsor (\$5,000)
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**Make checks payable to "CAHHS/CHA"*

Attending Representatives

Please list exactly as you wish it to appear in conference program.

Representative #1: _____

Title: _____

Telephone: _____

Email (required): _____

Representative #2: _____

Title: _____

Telephone: _____

Email (required): _____

Authorization

Exhibitor assumes responsibility and agrees to indemnify and defend the California Hospital Association and the Pasadena Convention Center and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. The Exhibitor understands that neither the California Hospital Association nor the Pasadena Convention Center maintains insurance covering the Exhibitor's property, and it is the sole responsibility of the exhibitor to obtain such insurance. Our company shall be bound by the terms and conditions in the Exhibitor Rules information material.

Authorized Signature: _____

Contact Information

Please list your company name as you wish it to appear in marketing materials.

Company: _____

Contact Name: _____

Title: _____

Telephone: _____

Email: _____

Company web address: _____

Please provide a brief description about your company. This description will be used in marketing materials. Please adhere to 50 words. CHA reserves the right to alter your description for marketing purposes.

Please list special request consideration in booth assignments (e.g., companies you do not wish to be located next to). List specific company names, not products or services. CHA cannot guarantee requests will be met, but will make every effort to accommodate them.

Representative #3 (Platinum Only): _____

Title: _____

Telephone: _____

Email (required): _____

Representative #4 (Platinum Only): _____

Title: _____

Telephone: _____

Email (required): _____

Date _____