

# Sponsor & Exhibit Opportunities

2024 HQI and Hospital Council Annual Conference  
October 20 – 21, 2024, Everline Resort & Spa, Lake Tahoe



## Why participate?

Network with hospital decision makers, develop and build relationships, and share insights and ideas with colleagues. Exhibitors have tabletop displays for two days near the General Session. Access to attendees will occur before the general sessions, during lunch and on breaks, plus face-to-face time with attendees at the welcome reception on Sunday, Oct. 20.

## Who are our attendees?

Executive leadership, C-suite, nurses and quality and patient safety staff members from California hospitals and health care systems. Conference attendees are committed to innovation in patient safety, quality improvement and reliable health care.

## How many attend?

Exhibitors will have exposure to approximately 300+ participants.

## Select Your Exhibitor Level:

Benefits	Diamond \$20,000	Platinum \$15,000	Gold \$10,000	Silver \$5,000
Sponsor of the Hospital Council board dinner on Sunday, Oct. 20 with 5-minute spotlight to address board members	√			
Sponsor of one of the below events: (choose one) <ul style="list-style-type: none"> <li>5-minute spotlight addressing welcome reception attendees on Sun., Oct. 20</li> <li>5-minute spotlight addressing luncheon attendees on Mon., Oct. 21</li> <li>Break sponsor (signage and branded company logo napkins)</li> </ul>		√		
One 30-60 second commercial to air during conference and posted on conference website	√	√		
One 6' display table in exhibit area and participation in exhibitor passport gamification	√	√	√	
Conference app push notification	2	2	1	
Complimentary conference registration(s)	6	4	2	1
Featured in conference app (includes co description, logo, rep contact, website URL, additional resources)	√	√	√	√
Company logo featured on: <ul style="list-style-type: none"> <li>Conference website</li> <li>Conference rotating PowerPoint</li> <li>HQI quarterly newsletter</li> </ul>	√	√	√	√
Conference attendee list	√	√	√	√

## Ready to Sign Up?

Have something else in mind? Let's chat!

Contact: Lisa Hartzell, Director, Event Management  
(916) 552-7502 | lhartzell@calhospital.org

More information at

[www.hqinstitute.org/events/2024-annual-conference](http://www.hqinstitute.org/events/2024-annual-conference)

CHA reserves the right to decline exhibitor applications.

# Exhibit Rules

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## Space Assignments

Tabletop exhibit assignments will be made by HQI/HC based on the following criteria: sponsorship supporter level, order in which applications are received, number of tabletops purchased, suitability and availability of locations.

## Tabletop Included in Fee

Tabletop exhibit: includes an 6' table with linen, two chairs and power.

Items shipped in advance to the hotel should not arrive before Wednesday, Oct. 16, 2024.

Ship to: Everline Resort and Spa  
Event Name: HQI and Hospital Council Annual Conference  
Event Date: Oct. 20 - 21, 2024  
ATTN: Jamie McDaniel, Senior Event Planning Manager  
400 Resort Road  
Olympic Valley, CA 96146

\*Please include your company name on the shipping label so the hotel knows to look out for your package.

## Refund Policy

Sponsor fees are NON-REFUNDABLE.

## Preliminary Exhibit Schedule

(Times are approximate and subject to change)

Location: Grand Sierra Ballroom Foyer

### Sunday, October 20

Set-up 11:00 a.m. – 12:00 p.m.  
Viewing 12:00 – 1:00 p.m.  
Lunch 12:30 - 1:30 p.m.  
PM Breaks 3:00 – 3:15 p.m.

### Monday, October 21

Breakfast 8:00 – 9:00 a.m.  
Lunch 12:30 - 1:30 p.m.  
AM Break 10:00 – 10:30 a.m.  
PM Break 2:45 – 3:30 p.m.  
Tear down: 4:00 - 5:00 p.m.

## Exhibit Set-up and Clean-up

Tabletop displays must be set up and ready by 12:00 p.m. Sunday, Oct. 20. Tabletop displays must be broken-down and removed from the exhibit area by 5:00 p.m. on Monday, Oct. 21.

## Exhibit Show Passport

Each attendee will be given an exhibitor passport. To enter and win a prize, the attendee must receive a sticker (HQI/HC will provide stickers) from each exhibitor. Once they have visited all exhibitors they can enter their completed card in the raffle prize basket. Winners will be chosen and announcements made at the last break on Monday, October 21. The attendee must be present to win and HQI/HC will provide the winner's contact information to the donating exhibitor. **HQI/HC/CHA staff and exhibitors are not eligible to participate in the prize drawing.**

## Exhibit Show Prize Drawing

Exhibitors are encouraged to donate a prize for the raffle (limit one) with a minimum value of \$100. Winners will be chosen and announcements made Monday, Oct. 21. Please email a description of the item you wish to contribute to the raffle to by Oct. 4.

## Admittance

Exhibit area admittance is limited to conference attendees and company representatives who have contracted and paid for display space.

## Eligible Exhibits

HQI/HC reserves the right to refuse rental of display space to any company.

## Fire and Safety

All materials and installations are subject to the fire and safety regulations in force by state and/or city fire authorities. All flammable materials must be flameproofed before being placed in the exhibit area. Exhibitors must provide certification of flameproofing if requested by show management or the fire department. Volatile or flammable fluids, substances or materials of any nature are prohibited in any booth.

## Social Functions

Social functions sponsored by exhibitors must not be scheduled during exhibit hours or during the HQI/HC annual conference. Any function not approved by HQI that would compete for attendees' time, either during exhibition hours, educational sessions, general sessions or programs is prohibited.

## Security

Exhibitors are responsible for any valuables at their booth.

# Application



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## Submit Completed Application

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

## Select Your Level

- Diamond Exhibitor (\$20,000)       Gold Exhibitor (\$10,000)  
 Platinum Exhibitor (\$15,000)       Silver Exhibitor (\$5,000)

Amount to be Billed: \$ \_\_\_\_\_

## Billing Information

VISA     MC     AMEX

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

Authorizing Signature: \_\_\_\_\_

*\*Make checks payable to "CAHHS/CHA"*

## Attending Representatives

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

Representative #1: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Representative #2: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

## Contact Information

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

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

Contact Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company web address: \_\_\_\_\_

Please provide a brief description about your company. This description will be used in marketing materials. Please adhere to 75 words. HQI/HC reserves the right to alter your description for marketing purposes.

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

Representative #3: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Representative #4: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

## Authorization

Exhibitor assumes responsibility and agrees to indemnify and defend the HQI/HC and the Everline Resort & Spa 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 HQI/HC nor the Everline Resort & Spa 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: \_\_\_\_\_

Date: \_\_\_\_\_