

SPONSOR/EXHIBIT AGREEMENT and REGISTRATION/2012
Health Care Management Conference—Hyatt Regency Savannah

(31-1131)

COMPANY/ORGANIZATION INFORMATION (Please print clearly)

Company _____

Approved by: First name _____ M.I. _____ Last name _____

Title _____

Address _____ Business Home

City _____ State/Province _____ Country _____ ZIP/Postal code _____

Phone _____ Fax _____

E-mail _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____

See policies regarding registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies.

I have read and signed the Sponsorship Conditions and Guidelines on page 12.

SPONSOR PERSONAL AND HOTEL INFORMATION

Sponsor personnel #1 conference registration is complimentary (value—\$1,190).

(1) First name _____ M.I. _____ Last name _____

Address _____ Business Home

City _____ State/Province _____ Country _____ ZIP/Postal code _____

Phone _____ Fax _____

E-mail (mandatory for hotel reservation) _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____

Hyatt Regency Savannah

\$188 Single/double occupancy **Hotel deposit (per room) \$350 is required.** No hotel required

Smoke free?
 Yes No

Single room Double room Arrival date _____ Departure date _____

Special assistance?
 Yes No

Number of persons _____ Special requests _____

Charge \$350 hotel deposit to: VISA MasterCard Discover American Express (U.S. only)

Credit card # _____ Exp. date _____

Credit cardholder's name (please print) _____

Sponsor assistant #2: \$500—may attend the reception, both luncheons and staff the display table. Can also register for the conference at a cost of \$1,190.

(2) First name _____ M.I. _____ Last name _____

Address _____ Business Home

City _____ State/Province _____ Country _____ ZIP/Postal code _____

Phone _____ Fax _____

E-mail (mandatory for hotel reservation) _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____

Conference registration is Full fee—\$1,190

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Credit card # _____ Exp. date _____

Credit cardholder's name (please print) _____

PAYMENT INFORMATION

Full payment in U.S. funds must accompany order. Make check payable to International Foundation.

Check # _____ \$ _____

VISA MasterCard Discover American Express (U.S. only)

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

REGISTRATION/ORDER SUMMARY


Sponsorship (\$2,300) \$ _____


Hotel deposit (\$350) \$ _____


Conference registration fee (\$1,190) \$ _____

Total (U.S. funds) \$ _____

 More information at www.ifebp.org

 Fax your registration with credit card number: (262) 364-1818

 Mail the registration form with check or credit card number to: International Foundation—Sponsorships, P.O. Box 689954, Chicago, IL 60695-9954

 For registration information, please contact Ronaelle Carlson at (262) 373-7748 or ronaellec@ifebp.org; or Pamela Wu at (262) 373-7752 or pamwu@ifebp.org

