



# 2020 SPONSOR + EXHIBITOR REGISTRATION FORM

CPCA STAFF: \_\_\_\_\_ DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_

ENTERED INTO SYSTEM  PAYMENT RECEIVED

## Region IX Clinical Excellence Conference

JUNE 14-16, 2020 | LAS VEGAS, NV

### Step 1. Organization and Booth Contact Information

ORGANIZATION TO INVOICE

ORGANIZATION FOR MATERIALS

NAME AND TITLE (main contact)

ADDRESS CITY STATE ZIP CODE

PHONE FAX E-MAIL

### Step 2. Exhibitor Personnel Information

If you are going to have a booth, please provide the names of those individuals who will staff it during the conference.

**PLEASE NOTE:** Additional staff over the 2 included will be charged ½ the published general registration cost. (Limit 2 at ½ off.)  
Email sponsor@cpc.org if you have *more than 2* staff to register.

NAME E-MAIL PHONE

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### Step 3. Sponsorship Level

**PLEASE SELECT YOUR LEVEL OF PARTICIPATION.**

- Champion Sponsor \$50,000+  Leader Sponsor \$25,000  Partner Sponsor \$15,000
- Supporter Sponsor \$10,000  Friend Sponsor \$7,500  Ally Sponsor \$5,000

Pre-Attendee List \$500

**EXHIBITOR ONLY, please select one:**  \$4,500 Corporation  \$2,500 Non-Profit (Non-Profit Tax ID number: \_)

### Step 4. Payment Information *(If your booth is included in your Annual Sponsorship, you can skip this step.)*

CHECK ENCLOSED FOR \$ \_ (Payable to CPCA)

INVOICE ME  CHARGE MY:  Master Card  Visa  Amex in the amount of \$ \_

NAME ON CREDIT CARD CREDIT CARD NUMBER EXPIRATION DATE

SIGNATURE

**PLEASE:** E-mail completed form to sponsor@cpc.org or fax to 916-440-8172. CPCA will follow-up with further instructions.

**FOR MORE INFORMATION:** Contact Lindsey Ono, Assistant Director of Events and Sponsorship at 916-440-8170 or email sponsor@cpc.org.