

National Medicaid Congress

June 4 - 6, 2006

Washington DC

Sponsor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Summit Sponsorships

Sponsorship Level:

_____ Diamond \$100,000

As a Diamond Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event or item sponsorship categories below, \$10,000 or less in value)

_____ Platinum \$75,000

As a Platinum Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event or item sponsorship categories below, \$8,000 or less in value)

_____ Gold \$50,000

As a Gold Level Sponsor, please list our company as the sponsor for the _____ (please select from one of the event or item sponsorship categories below, \$5,000 or less in value)

_____ Silver \$25,000

_____ Bronze \$12,500

Event Sponsorships

Event Sponsorship: _____ Break \$3,500 _____ Continental Breakfast \$4,500

_____ Luncheon \$6,500 _____ Networking Reception \$15,000

Item Sponsorships

Item Sponsorship: _____ Badge-Holder Necklaces \$7,500 _____ Cyber Café \$5,000

_____ Conference Bags \$10,000 _____ Gel Click Pens \$2,500 (Sponsor Fee)

_____ Notepad Folio \$25,000 _____ Calculators \$3,500 (Sponsor Fee)

_____ Binder \$5,000 _____ Coffee Mugs \$2,500 (Sponsor Fee)

_____ Pocket Schedule \$5,000

Exhibiting

If you would only like to purchase a booth at the Medicaid Congress the price is \$1,995.00. This price includes an exhibit space, 1 Complimentary all-access badge for June 5 - 6, 2006, up to 2 exhibitor badges and company listing in the program guide.

_____ Yes, I would like to purchase an exhibit space at the Medicaid Congress for \$1,995.00 and would like to select Booth # _____ 2nd Choice _____
3rd Choice _____

_____ Yes, I would like the exhibit space at the Medicaid Congress that is included with my major sponsorship Booth # _____ 2nd Choice _____
3rd Choice _____

Payment Information

_____ Check enclosed for the amount of \$ _____ (Please make check payable to Health Care Conference Administrators)

_____ Charge to credit card below for the amount of \$ _____

Name of Card Holder (Please Print): _____

Card Holder's Signature: _____

_____ Visa _____ MC _____ AMEX

Card No: _____ Expiration: _____

Exhibiting and Sponsor status is not final until payment is received. All Fees are non-refundable.

TAX ID# 91-1892021

Please fax your application to: 215-545-8107

Please email your application to: joni.lipson@rmpinc.com

Please mail your application to:

Sponsor/Exhibitor Registration
Attn: Joni Lipson
100 North 20th Street, 4th Floor
Philadelphia, PA 19103

Signature _____ Date _____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

Complimentary Registrations to the Medicaid Congress

Please complete this form and return to Sponsor/Exhibitor Registrations no later than May 29, 2005.
Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 100 North
20th Street, 4th Floor, Philadelphia, PA 19103.

- *Diamond Sponsors receive (20) twenty complimentary registrations
- *Platinum Sponsors receive (15) fifteen complimentary registrations
- *Gold Sponsors receive (10) ten complimentary registrations
- *Silver Sponsors receive (5) five complimentary registration
- *Bronze Sponsors receive (2) two complimentary registration
- *Exhibitors receive (1) complimentary registration and up to 1 expo only badges

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)