



6th Annual Health Law Conference 2024

2 de agosto de 2024
The Royal Sonesta San Juan Hotel (Isla Verde)
San Juan Puerto Rico



Exhibit/Sponsor Contract

CONTACT INFORMATION

First Name: _____ Last Name _____ 2nd Last Name _____

Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

___ TABLETOP SPONSOR: \$800

Includes: Admission for 2 persons (1 for the table and 1 education participant), one standard 6'x30" skirted table with two chairs, logo, and mention (wireless internet connection available for extra fee).

___ COFFEE BREAK SPONSOR: \$1,000 ___ AM ___ PM

Includes: Banner placement, admission for 3 persons (1 for the table and 2 education participants), one standard 6'x30" skirted table with two chairs, logo and mention (wireless internet connection available for extra fee).

___ BREAKFAST SPONSOR: \$2,000

Includes: Banner placement, admission for 4 persons (1 for the table and 3 education participants), one standard 6'x30" skirted table with two chairs, logo, and mention (wireless internet connection available for extra fee).

___ LUNCH SPONSOR: \$3,000 or ___ COCKTAIL RECEPTION SPONSOR: \$3,000

Includes: Logo on screen, 5 minutes address to participants at lunch/ coctel (if chosen), banner placement, admission for 5 persons (1 for the table and 4 education participants), one standard 6'x30" skirted table, with two chairs, logo on program (wireless internet connection available for extra fee).

___ SECONDARY SPONSOR: \$3,000

Includes: Logo on screen, 5 minutes address to participants, banner placement, admission for 5 persons (1 for the table and 4 education participants), one standard 6'x30" skirted table with two chairs, logo on program (wireless internet connection available for extra fee).

___ PRINCIPAL SPONSOR: \$5,000

Includes: Logo on screen, 5 minutes address to participants at the beginning, banner placement, admission for 8 persons (1 for the table and 7 education participants), one standard 6'x30" skirted table with two chairs, logo on program (wireless internet connection available for extra fee).

PAYMENT INFORMATION Total: \$ _____

Check Visa Mastercard AMEX ACH

Card Number: _____ Expiration Date: _____/_____/_____

Card Name: _____ Sec Code: _____

Cardholder's signature: _____

ADDITIONAL CONTRACT TERMS AND CONDITIONS: Set-up will take place August 1, 2024; after 4:00pm. All tabletops must be taken down before 5:00 pm on the day of the event. **A signed contract and full payment are required in order to reserve your tabletop space and/or sponsorship reservation.** I have read this Exhibit Contract and agree to abide by the terms and conditions established therein.

Puerto Rico Hospital Association Exhibitor's/Sponsor's Authorized Signature Date

Cancellation Policy: Payment needed to guarantee registration. No charge for cancellations received before July 18, 2024. Late cancellations will be charged 50% of the corresponding FEE. **After July 23, 2024, there will be no refunds.** ASOCIACIÓN DE HOSPITALES DE PUERTO RICO, Villa Nevárez Professional Center, 120 Calle 2, Suite 101, San Juan, PR 00927-5303 Tel. (787) 764-0290 Fax (787) 753-9748 n.medina@hospitalespr.org