



# 2018 Our Connections Our Impact Our Stories

## California Hospital Volunteer Leadership Conference

Hyatt Regency Newport Beach | February 19-21, 2018



### SPONSOR/EXHIBIT REGISTRATION FORM

First Name _____		Last Name _____		Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Work _____	
Email Address _____		City _____	State/Province _____	ZIP/Postal Code _____	
Hospital/Organization _____		Phone _____	Fax _____		
Title _____		Website _____			

Sponsorship Levels & Benefits	Platinum \$10,000	Gold \$5,000	Silver \$3,000	Bronze \$1,500	In-Kind
<i>Conference sponsors are crucial to helping the Conference Planning Committee create a rich educational experience at a reasonable cost for all hospital volunteer leaders.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole sponsor of a conference general session, including two-minute presentation ( <i>select one</i> ) <b>Mon., Feb. 19</b> <input type="checkbox"/> Opening  <input type="checkbox"/> Decline Session <b>Tues., Feb. 20</b> <input type="checkbox"/> General (AM) <input type="checkbox"/> General (PM) <b>Wed., Feb. 21</b> <input type="checkbox"/> General	✓				
Sole sponsor of a refreshment break ( <i>select one</i> ) <b>Mon., Feb. 19</b> <input type="checkbox"/> Early Bird Registration & Reception <input type="checkbox"/> Decline Refreshment Break <b>Tues., Feb. 20</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <b>Wed., Feb. 21</b> <input type="checkbox"/> Morning <input type="checkbox"/> Departure		✓			
Logo on conference bag	✓	✓			
Hospital name participation list ( <i>available March 2018</i> )	✓	✓			
Educational video displayed at a general session and/or registration	90 seconds	30 seconds			
Newsletter article and/or web forum for CAHHS Volunteer Services Network	✓	✓			
Attendee registration(s) or exhibitor table(s) ( <i>select one</i> ) <input type="checkbox"/> Attendee Registration(s) <input type="checkbox"/> Exhibitor Table(s)* <input type="checkbox"/> Decline both options	3	2	1		
Program advertisement ( <i>color</i> )	Full Page	Half Page	Quarter Page		
Logo in conference app, program, web page and signage	✓	✓	✓	✓	✓



**CAHHS Volunteer Services**  
 1215 K Street, Suite 800  
 Sacramento, CA 95814  
 (916) 552-7544  
 Fax: (916) 552-2610  
[volunteers@calhospital.org](mailto:volunteers@calhospital.org)  
[www.calhospital.org/volunteers](http://www.calhospital.org/volunteers)  
[www.facebook.com/CalHospitalVolunteers](https://www.facebook.com/CalHospitalVolunteers)



**VOLUNTEERS™**  
 The Heart of Health Care



### Sponsorship Benefit Options

Based on your sponsorship selection, list the name(s) and email address(es) of your complimentary attendee registration(s) or exhibitor table representative(s):

Name	Email Address
_____	_____
_____	_____
_____	_____

\*If you selected exhibitor table, indicate whether you require electricity.  
 Yes  No

\*Please select all of the exhibitor categories that apply to your organization.

- Apparel/Uniforms/Logo   
  Convenience   
  Fundraising   
  Gift  
 Health & Wellness   
  Equipment   
  Promotional Items   
  Technology  
 Other \_\_\_\_\_

**In-Kind Sponsor** Please list your contribution item(s).

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Advertisement Opportunities

Advertisements are a great way to reach all attendees with your message, product or service. Consider buying conference program advertisements to thank or recognize special hospital volunteer contributions, milestones, individuals or groups. Based on level, sponsors receive one free program advertisement. Advertisements are printed in color. Accepted file formats are pdf, tiff, jpeg or eps, with a resolution of at least 300 dpi.

**Submission deadline is January 19, 2018.**

Advertisement	Price	Ad Dimension (Width x Height)
<input type="checkbox"/> Back Cover	\$1,000	5.5"W x 8.5" H without bleeds, add .25 with bleeds
<input type="checkbox"/> Inside Front Cover	\$750	5.5"W x 8.5" H without bleeds, add .25 with bleeds
<input type="checkbox"/> Inside Back Cover	\$750	5.5"W x 8.5" H without bleeds, add .25 with bleeds
<input type="checkbox"/> Full Page	\$300	4.75" W x 8" H
<input type="checkbox"/> Half Page	\$200	4.75" W x 3.875" H

### Payment Options

Payment Method: Total \$ \_\_\_\_\_  
 Check Payable to CAHHS  
 Visa     MasterCard     AMEX

\_\_\_\_\_ Credit Card Number

\_\_\_\_\_ Exp. Date (Month/Year)      \_\_\_\_\_ Security Code

\_\_\_\_\_ Cardholder's Name (please print)

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

\_\_\_\_\_ City

\_\_\_\_\_ State/Province      \_\_\_\_\_ ZIP/Postal Code

\_\_\_\_\_ Cardholder's Signature      \_\_\_\_\_ Date

*By signing above, I agree to the CAHHS policies available at [www.calhospital.org/2018-volunteer-conference](http://www.calhospital.org/2018-volunteer-conference).*

### Conference Location

**Hyatt Regency Newport Beach**

1107 Jamboree Road  
 Newport Beach, CA 92660  
 (949) 729-1234  
<https://newportbeach.regency.hyatt.com>

**Hotel Room Reservations**

Single and double occupancy rooms are available at a greatly reduced rate of \$164 per night, plus applicable taxes and optional \$27-\$30 plus tax resort fee. The discounted sleeping room deadline is **January 26, 2018**.

By Phone: (800) 554-9288 Reference 2018 California Hospital Volunteer Leadership Conference  
 Online: [www.calhospital.org/CAHHS-2018-hotel](http://www.calhospital.org/CAHHS-2018-hotel)