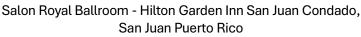


## **Healthcare Legal Update Conference 2025**

August 8, 2025





## Exhibit/Sponsor Contract (Education Program)

CON	<b>ITACT INFORMAT</b>	ION					
First	Name:	Last I	Name:	2nd	Last	Name:	
Orga	nization:			Title:			
Addr	ess:						
City:			State:		Zip	Code:	
Telep	ohone:	Fax:	E-mail:				
	NSORSHIP OPPO						
TABLETOP SPONSOR: \$1,000							
Includes: Admission for 1 person (for the table), one standard 6'x30" skirted table with one chair, logo, and mention in the							
prog							
		PONSOR: \$1,500					
	Includes: Banner placement, admission for 2 persons (1 for the table and 1 education participant), one standard 6'x30"						
	skirted table with two chairs, logo, and mention in the program.						
	BREAKFAST SPON	· •	(4.6)	10 1			
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 in the program.  LUNCH SPONSOR or COCKTAIL RECEPTION SPONSOR: \$3,500							
		<del></del>	•	•			
Includes: Logo on screen, 5-minute address to participants at lunch/cocktail (if chosen), banner placement, admission for							
2 persons (1 for the table and 1 education participants), one standard 6'x30" skirted table with one chair, logo in the							
prog		NICOD, ¢4 EOO					
SECONDARY SPONSOR: \$4,500							
	Includes: Logo on screen, 5-minute address to participants, banner placement, admission for 3 persons (1 for the table and 2 education participants), one standard 6'x30" skirted table with one chair, logo in the program, and logo in the event						
materials.							
	PRINCIPAL SPON	SOR: \$6 000					
			narticinants at the hegir	ning hanne	r nlace	ment admission for 4 persons (1	
Includes: Logo on screen, 5-minute address to participants at the beginning, banner placement, admission for 4 persons (1 for the table and 3 education participants), one standard 6'x30" skirted table with one chair, logo in the program, logo in							
	web promotion, and eblast (Sponsors have until October 22, 2025 to make use of the e-blast).						
PARTICIPANT INFORMATION REQUIREMENTS:							
			e individuals who will be at	ttending the e	vent wi	th their sponsorship.	
If the	enoneor plane to bri	ing a photographer and/or	audiovicual personnel or	any other add	itional s	staff to the event, they must notify	
	the event organizers in advance. This will either require the purchase of an additional ticket or will count towards the total number of participants included in the sponsorship package.						
partic	ipants included in ti	le sponsorship package.					
PAY	MENT INFORMAT	ION					
Total	: \$	□ Che	eck 🗆 Visa 🗆 Mastercard		СH		
Card	Number:		Ехрі	ration Date:	/_		
Card	Name:		Security Cod	le:			
Card	holder's Signature	:					
ADDIT	IONAL CONTRACT TER	MS AND CONDITIONS: Set-up	will take place August 21, 2025:	after 4:00pm. Al	l tabletor	ps must be taken down before 5:00 pm on the	
day of	day of the event. A signed contract and full payment are required 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.						
and ag	ree to abide by the terms	and conditions established ther	ein.				
Pue	rto Rico Hospita	l Association	Exhibitor's/Sponso	or's Author	ized S	Signature Date	

<u>Cancellation Policy</u>: Payment needed to guarantee registration. No charge for cancellations received before August 8, 2025. Late cancellations will be charged 50% of the corresponding FEE. **After August 15, 2025, 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 <u>educativas@hospitalespr.org</u>