

**VIRTUAL FIFTH ANNUAL #ConV2X 2021: DRIVING TELEHEALTH  
AND VIRTUAL CARE INNOVATIONS POST PANDEMIC**

November 9-11, 2021  
Virtual Online Video Live and Archived

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**Grantor/Exhibitor Application**

(All rates in USD)

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

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Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Congress Grantor/Exhibitor Options

\_\_\_\_\_ **Diamond** \$25,000      \_\_\_\_\_ **Platinum** \$20,000      \_\_\_\_\_ **Gold** \$15,000

\_\_\_\_\_ **Silver** \$10,000      \_\_\_\_\_ **Bronze** \$5,000      \_\_\_\_\_ **Exhibitor** \$2,495

\_\_\_\_\_ **Video Commercial** \$1995

Payment Information

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

\_\_\_\_\_ Charge to credit card below in the amount of \$ \_\_\_\_\_

Name of Card Holder (Please Print): \_\_\_\_\_

Card No: \_\_\_\_\_ Expiration: \_\_\_\_\_

\_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ American Express

Card Holder's Signature: \_\_\_\_\_

Exhibiting and Sponsor status is not final until payment is received in full. All fees are non-refundable.  
TAX ID# 91-1892021

To submit this form for registration, please use any of the following:

Email: [exhibits@hconferences.com](mailto:exhibits@hconferences.com)

Mail: ConV2x Symposium Exhibit Office, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract and has read and agreed to the Terms and Conditions listed below.

Exhibitor/Grantor agrees not to extend invitations, call meetings, or schedule social events, including cocktail hours and/or dinners, involving attendees, or otherwise encourage absence of attendees, other exhibitors, or invited guests at any time during the dates of the event without permissions from the conference organizers.

For more information or any questions related to Sponsorship or Exhibiting, please contact the exhibit office by phone at (206) 244-4861 or email at [exhibits@hconferences.com](mailto:exhibits@hconferences.com).

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**TERMS & CONDITIONS**

1. **PAYMENT** – A 100% deposit is required for each exhibit page ordered. Payment may be made by check, Visa, MasterCard or American Express. Make check payable to Health Care Conference Administrators.
2. **CANCELLATION OF EXHIBIT CONTRACT** – If cancellation occurs after agreement has been signed, no refund will be given.
3. **PASSES** – Each booth space will be provided with 2 passes to the virtual conference.

Initial: \_\_\_\_\_