

MAKING
CHANGE
HAPPEN

QUARTERLY MEETING

July 27, 2010
9 am – 3:30 pm

South San Francisco Conference Center
255 South Airport Blvd.
South San Francisco

An Exceptional Marketing Opportunity!

Each year, BEACON Collaborative holds three Quarterly Meetings and an Annual Exchange.

“Making Change Happen”, the July Quarterly Meeting, offers an opportunity for sponsors to reach out to new clients and prospects. This meeting promises to be an information packed day including storytelling to change culture, how to engage visually plus, peer-to-peer learning featuring Sepsis, Falls with Injury and C.diff initiatives.

The South San Francisco Conference Center is an intimate setting offering opportunities throughout the day to connect with 100-150 participants including Patient Safety Leaders, Nurse Executives, Nurse Managers, Charge Nurses, Staff Nurses and Initiative Leaders from hospitals in Northern and Central California.

BEACON Collaborative is a peer-to-peer learning network of hospitals collaborating to save lives by improving patient safety. For more information contact Jan Murphey: jmurphey@hospitalcouncil.net or call 925-746-1551.



Sponsored by the Hospital Council of Northern and Central California in partnership with Convergence Health Consulting and funding provided by the Gordon and Betty Moore Foundation.

Event Sponsorship Enrollment



**Quarterly Meeting
July 27, 2010**

Sponsor Commitment

- \$2,000 Lunch Sponsor** (limit 2)
Includes logo on signage at lunch, registration for 4 participants, additional participants \$75 each, 6' display table, recognition on signage, listing on the agenda and BEACON's website.
- \$1,000 Continental Breakfast Sponsor** (limit 2)
Includes logo on signage at breakfast, registration for 3 participants, additional participants \$75 each, 6' display table, recognition on signage, listing on the agenda and BEACON's website.
- \$500 Meeting Sponsor** (limit 3)
Includes registration for 2 participants, additional participants \$75 each, 6' display table, recognition on signage, listing on the agenda and BEACON's website.

PLEASE PRINT

Company/Organization _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____

Website: _____ Federal Tax I.D. Number _____

Company Authorized Signer _____
(Name) (Title)

Phone _____ E-mail _____

Main Company Contact _____
(Name) (Title)

Phone _____ E-mail _____

COMPANY/ORGANIZATION DESCRIPTION Please attach a one paragraph description of the company/organization. Information should include a brief description of the organizational structure, products, services, and client mix. Enrollment form will not be processed without this description.

Company/organization agrees to abide by the policies of the Hospital Council.

Participants' Names _____

Authorized Company/Organization Representative

Signature _____ Date _____

Print Name _____ Title _____

PAYMENT METHOD

Please send invoice Check Enclosed, payable to the Hospital Council, 877 Ygnacio Valley Rd, #210, Walnut Creek, CA 94596

Payment by Credit Card MasterCard Visa ALL PAYMENTS – NET 30 DAYS

Card Number _____ Total Amount Authorized _____

“CID” Code _____ (Three digit identification number on back of card) Expiration Date _____ Billing Zip Code _____

Name on Card _____ Cardholder Signature _____

Return form to Jan Murphey: jmurphey@hospitalcouncil.net or Fax to 925-746-2401 Questions: Call Jan Murphey 925-746-1551