



2025 REGIONAL HEALTHCARE COMPLIANCE CONFERENCES

Exhibitor Prospectus

Promote your business solutions
to a highly engaged audience of
healthcare compliance professionals

Learn more
hcca-info.org/regionals



About HCCA

Health Care Compliance Association® (HCCA®) supports the healthcare compliance profession with resources and first-class educational opportunities as part of the overarching mission of SCCE & HCCA, a professional association serving over 19,000 members in more than 100 countries. To learn more visit hcca-info.org/about-hcca.

2025 HCCA Regional Healthcare Compliance Conferences

As an exhibitor, your organization will have the opportunity to promote your products and services to a targeted audience. Participating in the event will allow you to:

- Increase brand awareness
- Engage with new prospects
- Gain visibility and name recognition with healthcare compliance professionals across the country

DATES AND LOCATIONS

January 23 · Atlanta, GA	June 5 · DC, Maryland, and Virginia (DMV)	October 9–10 · Honolulu, HI
January 24 · Charlotte, NC	June 5 · Orange County, CA	October 10 · Pittsburgh, PA
January 31 · Orlando, FL	June 13 · New York, NY	October 17 · Denver, CO
February 7 · Portland, OR	June 13 · Seattle, WA	October 24 · Louisville, KY
February 21 · Dallas, TX	June 26 · Ann Arbor, MI	November 7 · Philadelphia, PA
March 14 · St. Louis, MO	September 11 · Minneapolis, MN	November 7 · Scottsdale, AZ
March 28 · New Orleans, LA	September 12 · Boston, MA	November 14 · Nashville, TN
May 15 · Columbus, OH	September 19 · Indianapolis, IN	December 5 · Houston, TX
		December 5 · San Francisco, CA

Exhibiting

Exhibitor pricing and benefits

Table-top exhibit display\$1,100

- 6' draped table*
- One chair
- Wastebasket
- Company listing on event page
- Call out in pre-conference attendee welcome email
- Company listing in welcome slideshow on-site
- One on-site exhibit representative with access to conference sessions and meal functions
- Includes space for a small display to set on the table or a maximum of two banner stands

Exhibitor details

Exhibit set up7:00 AM

Exhibit viewing hours.....7:30 AM–3:30 PM

Teardown3:30 PM

**Exhibit tabletop space assignments are on a first-come basis the morning of the conference, and some locations may be limited on number of exhibitors due to space; each location will vary.*

Sponsorship

For sponsorship opportunities or to create a customized package contact [Amber Zerlin](#).

Exhibiting Application

2025 Regional Healthcare Compliance Conferences

Logistics Coordinator

Full name _____

Company _____

Email _____

Phone _____

On-Site Exhibitor Attendee

Full name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Contact person _____

Contact person's title _____

Exhibiting Opportunities

Exhibit booth fee\$1,100

- | | |
|---|--|
| <input type="checkbox"/> January 23 • Atlanta, GA | <input type="checkbox"/> September 11 • Minneapolis, MN |
| <input type="checkbox"/> January 24 • Charlotte, NC | <input type="checkbox"/> September 12 • Boston, MA |
| <input type="checkbox"/> January 31 • Orlando, FL | <input type="checkbox"/> September 19 • Indianapolis, IN |
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| <input type="checkbox"/> June 13 • New York, NY | <input type="checkbox"/> December 5 • Houston, TX |
| <input type="checkbox"/> June 13 • Seattle, WA | <input type="checkbox"/> December 5 • San Francisco, CA |
| <input type="checkbox"/> June 26 • Ann Arbor, MI | |

Payment

Booth rental balance must be paid in full upon submission of exhibit application and within 15 days upon receiving the invoice. Failure to make payment does not relieve the obligation to pay the contracted amount. SCCE & HCCA reserves the right to reject an application or deny benefits for failure to make timely payment.

To pay with a check, wire transfer, or purchase order, or to pay with a credit card over the phone, please contact HCCA for an invoice. Tax may apply. Orders are not final or reserved until payment is received. Payments received with incorrect amounts will be returned. Due to PCI compliance, do not provide credit card information via email.

Total: \$ _____

Mail a check to HCCA, 6462 City West Parkway, Eden Prairie, MN 55344 USA (contact HCCA for applicable tax and total)

Email helpteam@hcca-info.org or call 952.988.0141 or 888.580.8373.

- Invoice me Purchase Order Number (attach PO) _____
- Wire transfer requested
- Credit Card

Authorized Signature

This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm. By signing below, I hereby certify that I have read and will abide by the exhibitor Terms and Conditions viewable at hcca-info.org/conferences/sponsoring-and-exhibiting/TandC, including the use of your information that may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for promotional and/or networking purposes. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

In addition, all participants of our in-person conferences will be required to agree to the Personal Accountability Commitment, the Assumption of Risk, and the Liability Waiver and Release, viewable at hcca-info.org/conference/tandc.

Authorized Signature

Conference Cancellation Policy

In the event of cancellation by Exhibitor, the Exhibitor and their agents are liable for 100% of the contracted balance. The parties agree that if the Conference is cancelled in whole or in part, or its scheduled opening is cancelled or delayed, due to fire, explosion, strike, freight embargo, act of God, act of public enemy, act of war, war, act of terrorism, civil disturbance, act of any government, de jure or de facto, or governmental declaration or regulation, epidemic or other event over which SCCE & HCCA has no control, then the Exhibitor/Sponsor contract may be immediately amended or cancelled by SCCE & HCCA.

The Exhibitor will be liable for contracted balances only for services rendered up to the point in time of cancellation. SCCE & HCCA agree to negotiate in good faith toward a partial refund or credit. Exhibitor hereby waives any and all claims against SCCE & HCCA for damages, reimbursement, refunds, or compensation.

OFFICE USE ONLY

Date received _____ By _____

For more information, contact Amber Zerin:
amber.zerin@corporatecompliance.org | 952.567.6236