

VIRTUAL
CONFERENCES

**SCCE REGIONAL
COMPLIANCE & ETHICS
CONFERENCES**

**HCCA REGIONAL
HEALTHCARE COMPLIANCE
CONFERENCES**

SCCE & HCCA's Virtual Regional Compliance Conferences provide a unique opportunity to promote your organization's product or services to a highly targeted and qualified audience. Gain high visibility and build brand awareness by advertising on the virtual conference platform.

South America • 28 August
Europe • 2 October
Washington, DC • October 9
Dallas, TX • October 23
Columbus • November 6
Seattle • November 13
Philadelphia • December 4

Boston, MA • September 11
Minneapolis, MN • September 11
Kansas City, KS • September 18
Indianapolis, IN • September 25
Pittsburgh, PA • October 2
Honolulu, HI • October 8-9
Denver, CO • October 16

Chicago, IL • October 23
Louisville, KY • October 30
Scottsdale • November 6
Nashville, TN • November 13
San Francisco • December 4
Houston, TX • December 11
Richmond, VA • December 11

corporatecompliance.org/2020regionals
hcca-info.org/2020regionals



Opportunities

Advertise

Solution Providers Listing: \$200

Company listing in Solution Providers on the SCCE/HCCA Conference web page.

Includes logo and link to company description (max 90 words) with clickable link to website. Company description may include links to brochures, white papers, other content, etc.

Sponsors & Solution Providers		
Organization	Website	Exhibitor/Sponsor
Health Care Compliance Association	hcca-info.org	Sponsor
Society of Corporate Compliance and Ethics	corporatecompliance.org	Sponsor

Break

The next session will begin at 2:15 PM

Email inquiries for
SCCE: katie.burk@corporatecompliance.org
HCCA: amber.zerin@corporatecompliance.org

Advertising Application

Contact Information

Company Name

Street Address

City/Town State/Province

Country Zip/Postal Code

Phone

Email

Contact Person

Contact Person's Title

Billing Contact

Name

Title

Email

Signature

Payment

Mail this form to SCCE, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435-2358, USA

Fax this form to +1 952.988.0146

Email this form to help@corporatecompliance.org — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call SCCE at +1 952.933.4977 or 888.277.4977 with payment information.

- Invoice me
- Check enclosed (payable to SCCE)
- Wire transfer requested
- Credit card: I authorize SCCE to charge my:
 - Visa MasterCard Discover American Express
- 50% deposit Payment in full

Credit Card Account Number

Credit Card Expiration Date

Cardholder Name

Cardholder Signature

Sponsor/Advertise

SCCE Regionals

Advertise*

South America • 28 August	<input type="checkbox"/> \$200
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HCCA Regionals

Boston, MA • September 11	<input type="checkbox"/> \$200
Minneapolis, MN • September 11	<input type="checkbox"/> \$200
Kansas City, KS • September 18	<input type="checkbox"/> \$200
Indianapolis, IN • September 25	<input type="checkbox"/> \$200
Pittsburgh, PA • October 2	<input type="checkbox"/> \$200
Honolulu, HI • October 8-9	<input type="checkbox"/> \$200
Denver, CO • October 16	<input type="checkbox"/> \$200
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San Francisco • December 4	<input type="checkbox"/> \$200
Houston, TX • December 11	<input type="checkbox"/> \$200
Richmond, VA • December 11	<input type="checkbox"/> \$200

*Company listing in Solution Providers on the SCCE/HCCA Conference web page.

TOTAL \$ _____

Terms and Conditions

Privacy: By submitting this form you agree to the full terms and conditions, including use of your information, viewable at corporatecompliance.org or hcca-info.org.

Payments: 50% Payment due with Sponsorship & Advertising form.

Payment/Cancellation Fee: A 50% deposit is required for all sponsorships. Deposits are non-refundable. No refunds will be made less than 30 days from the start of the conference.

Authorized Signature

This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm. By signing above, I hereby certify that I have read and will abide by the "Terms and conditions" in this prospectus.

Authorized Signature

OFFICE USE ONLY

Date received _____ By _____ Invoice _____