

# HITCON 18

RURAL HOSPITAL INFORMATION TECHNOLOGY CONFERENCE



## EXHIBITOR AND SPONSOR OPPORTUNITIES

HOSTED BY

The TEXAS ORGANIZATION OF RURAL & COMMUNITY HOSPITALS (TORCH) is a nationally-recognized hospital association representing more than 150 rural & community hospitals.

The TORCH FOUNDATION is a non-profit affiliate of TORCH that provides programs and services on health IT, network support, grant support, leadership development and education.



OCTOBER  
25-26, 2018

EMBASSY SUITES DALLAS-FRISCO HOTEL  
CONVENTION CENTER AND SPA | FRISCO, TX

## Invitation to Exhibit & Sponsor

The TORCH Foundation and the Texas Organization of Rural & Community Hospitals (TORCH) are pleased to host the 13th Annual Rural Hospital Information Technology Conference & Exhibition (HITCON18).

With the accelerated use of information technology systems and the growing number of devices and applications working within a complex, multi-layered network environment, the same forces that enable new efficiencies are also opening doors to new and emerging vulnerabilities like never before! The IT threat landscape is today's newest healthcare battleground.

HITCON is a premiere education and networking event and solutions marketplace designed specifically for rural and community hospitals.

We at TORCH recognize that the vendor community and partners are a vital part in the success of rural and community hospitals in Texas. HITCON is great place to strategically showcase your products, services and solutions to key people who make and influence hospital buying decisions. At least four hours of dedicated exhibit time are built into the program to allow for networking and direct interaction with attendees. We invite you to attend and exhibit and sponsor the event. Exhibit spaces are limited, so sign up today!

*When IT matters most, be the recognized partner of choice for Rural and Community Hospitals in Texas.*

## REGISTRATION INFORMATION

The enclosed Exhibitor/Sponsor Registration Form is for health IT vendors only. All others may attend the conference only as a non-exhibiting sponsor.

**Complete the enclosed Exhibitor/Sponsor Registration Form and return with payment to:** TORCH, P.O. Box 203878, Austin, TX 78720 (make check payable to TORCH). If paying by credit card, complete the form on the back of the application form. Your registration cannot be processed without payment.

## HOTEL INFORMATION



HITCON18 will be held at the Embassy Suites Dallas Frisco Hotel Convention Center & Spa, located at 7600 John Q. Hammons

Drive, Frisco, TX 75034. A block of rooms at the special conference rate of \$148 per night (single/double) is reserved for HITCON18 participants. Reserve your room before October 5, 2018 for the special rate. **For hotel registrations** (972) 712-7200 or [online](#).

## CONTACT INFORMATION

For questions regarding registration, confirmation or cancellation, contact Rose Valenzuela at (512) 873-0045 or [rvalenquela@torchnet.org](mailto:rvalenquela@torchnet.org). For questions regarding the program contact Quang Ngo at [qngo@torchnet.org](mailto:qngo@torchnet.org).

**OCTOBER 25 - 26, 2018**

**Embassy Suites by Hilton Dallas –  
Frisco Hotel Convention Center and Spa**

## IMPORTANT DATES

**REGISTRATION DEADLINE – OCTOBER 6, 2017**

(OR WHILE SPACES ARE AVAILABLE)

**HOTEL RESERVATION DEADLINE – OCTOBER 8, 2018**



**Registration Deadline: October 8, 2018**  
(or while spaces are available)

## EXHIBITOR/SPONSOR OPPORTUNITIES

### GREATLY INCREASE YOUR EXPOSURE

*and secure interest, visibility and recognition for  
your products, services and expertise*

EXHIBIT SPACES ARE LIMITED, so sign up and reserve your booth today. This is a critical and exciting time for hospitals and healthcare providers—and they need help! HITCON18 is the premiere IT conference designed specifically for rural and community hospitals. There is no better place to showcase your quality products, services and solutions. As an Exhibitor, you will enjoy the following benefits:

#### EXHIBIT BOOTH – \$900–Member | \$1000–Non-member

- Recognition and acknowledgment at the conference
- Logo and listing in the conference printed program
- One complimentary registration
- Color quarter-page company ad in the conference printed program (3⅞" W by 5¾" H)
- One 6-ft. draped exhibit table top (8-ft. space)
- Opportunity to network with key hospital leadership and decision-makers, current and prospective clients

### Exhibit Hall Hours and Set-up

#### THURSDAY, OCTOBER 25

8:00 am – 9:30 am	Exhibitor Set-up Time
10:00 am – 11:00 am	Morning Break
3:15 pm – 4:00 pm	Afternoon Break
5:00 pm – 6:00 pm	Evening Reception

#### FRIDAY, OCTOBER 26

8:00 am – 9:00 am	Breakfast
10:00 am – 10:30 am	Morning Break
10:30 am – Noon	Exhibitor Tear-down

### SPONSORSHIP IS A POWERFUL WAY

*to make a difference and distinguish yourself*

SPONSORSHIP is a great way to demonstrate your strong support of rural health. We offer various sponsorship (non-exhibiting) opportunities, with many benefits, including:

#### SPONSORSHIPS

##### BREAK – \$1000 / TWO AVAILABLE

- Recognition and acknowledgment at the conference
- Logo and listing in the conference printed program
- One complimentary registration
- Prominent signage during the sponsored event

##### BREAKFAST – \$1500 / EVENT

- Recognition and acknowledgment at the conference
- Logo and listing in the conference printed program
- Two complimentary registrations
- Prominent signage during the sponsored event(s)
- Color half-page company ad in conference program (8" W by 5⅞" H)

##### LUNCH or NETWORK RECEPTION – \$2000 / EVENT

- Special recognition and acknowledgment at the conference
- Logo and listing in the conference printed program
- Two complimentary registrations
- Prominent signage during the sponsored event(s)
- Color full-page company ad in conference program (8" W by 10½" H)

#### NON-EXHIBITING

##### \$600 For Non-exhibiting Corporate Sponsors

##### \$300 For Non-exhibiting Nonprofit & Public/Government

- Recognition and acknowledgment at the conference
- Logo and listing in the conference printed program
- One complimentary registration

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RURAL HOSPITAL INFORMATION TECHNOLOGY CONFERENCE

BE ON TARGET. STAY CONNECTED. BUILD RELATIONSHIPS.

**Take advantage of this opportunity to put your business in  
front of key decision-makers. NOW IS THE TIME.**

Please type or print legibly. You may also attach your business card with the completed application. Exhibits are reserved only for companies providing health IT-related products, services and solutions. All others may attend the event only as a non-exhibiting sponsor (see Exhibitor/Sponsor Opportunities for details). **Registration deadline: October 8, 2018** (while spaces are available.)

### EXHIBITOR/SPONSOR INFORMATION

Company/Organization Name _____			
Address _____			
City _____		State _____	ZIP _____
Phone _____	Fax _____	Website _____	
Contact person _____		Email _____	

### SPONSORSHIPS

<b>BREAK</b> <input type="checkbox"/> \$1000 – (2 available)	<b>BREAKFAST</b> <input type="checkbox"/> \$1500 – Event (1 available)	<b>LUNCH or NETWORK</b> <input type="checkbox"/> \$2000 – Event (1 available)	<b>OTHER OPPORTUNITIES</b> <input type="checkbox"/> \$600 – Non-exhibiting Company Sponsor (attending but not exhibiting) <input type="checkbox"/> \$300 Nonprofit/Public/Government Sponsor
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### EXHIBIT BOOTH

### ADDITIONAL COMPANY REPRESENTATIVES ATTENDING

<input type="checkbox"/> Member \$900 – Exhibit (1 complimentary registration) <input type="checkbox"/> Non-member \$1000 – Exhibit (1 complimentary registration)	\$250/person    Total persons: _____
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### PAYMENT

*IF PAYING BY CREDIT CARD, COMPLETE FORM ON BACK*

<input type="checkbox"/> Check enclosed    Check #: _____    TOTAL AMOUNT ENCLOSED: _____
<p><b>CANCELLATION OF EXHIBIT SPACE:</b> Cancellation of Exhibitor's space must be received in writing (email acceptable) by TORCH prior to <b>October 8, 2018</b>, to receive a refund (less a \$150 administrative fee). <b>Refunds will not be issued for cancellations received after this date.</b></p>

**Please list all Company Representatives attending** (name to appear on badge).

Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____

**Exhibitor receives 1 complimentary registration; please add \$250 for each additional company representative attending.**

### EXHIBITOR AGREEMENT

I, the undersigned, am fully authorized to bind the exhibiting company ("Exhibitor") to all provisions contained in this Agreement. By signing the Agreement, I acknowledge that Exhibitor and its representatives attending the conference agree to comply fully with the TORCH Conference Exhibit Policies.

Printed Name of Authorized Company Representative \_\_\_\_\_

Signature of Authorized Company Representative \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to: TORCH, P.O. Box 203878, Austin, TX 78720**

**If paying by credit card, complete form on back; if submitting via fax, send both sides of the form to (512) 873-0046.**

Total amount paid: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**PERSON AUTHORIZED TO CHARGE: *Company and/or individual***

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Card type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card number: \_\_\_\_\_ Security code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

(3-digit # on back of card, 4-digit on front of AMEX)

Signature authorizing charge: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**BILLING ADDRESS: *Please enter the following information exactly as it appears on your credit card statement***

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### TORCH CONFERENCE EXHIBIT POLICIES

**EXHIBITOR QUALIFICATION & ACCEPTANCE:** TORCH/TORCH Foundation reserves the right to accept or reject an Exhibitor's application and assignment of exhibit space based on space availability and/or compatibility with the general character and objectives of the conference. For this event, exhibit space is limited to companies whose products, services and solutions are related to health IT. Submission of application and payment does not guarantee exhibit space.

**EXHIBIT ASSIGNMENT & INFORMATION:** Exhibit space assignment will be made upon receipt AND acceptance of application and payment. TORCH/TORCH Foundation reserves the right to adjust exhibit space type/location. **Exhibitor may not assign, sublet or apportion the whole or any part of the space allotted and may not advertise or display materials, goods or services other than that of the registered Exhibitor. A 6-ft. draped table will be provided. ALL exhibit displays must not exceed the allotted 8x8 sq. ft. space (with the table top included). NO EXCEPTIONS WILL BE MADE.**

**EXHIBIT HOURS:** Exhibit hours are scheduled throughout the event to promote optimal networking and face-to-face interaction. Exhibit hall set up will be from **8:00 – 9:30 am Thursday, October 25**. While the Exhibit Hall is open throughout the conference hours, the following times are designated specifically as Exhibit Hall hours:

**Thursday, October 25**

10:00 – 11:00 am Morning Break  
3:15 – 4:00 pm Afternoon Break  
5:00 – 6:00 pm Networking Reception

**Friday, October 26**

8:00 – 9:00 am Breakfast  
10:00 – 10:30 am Morning Break

**REGISTRATION:** All participants must be registered in advance and must wear an official conference badge at all times in the exhibit hall and during all conference events. All persons staffing exhibits at the conference are expected to have full knowledge of and to comply with the HITCON18 Conference Exhibit Policies.

**EXHIBITOR SERVICES:** For Hotel accommodations and services such as power, internet, phone, or shipping, please contact the host hotel directly at (972) 712-7200.

**HOTEL SHIPPING INFORMATION:** Ship to: Embassy Suites Dallas Frisco Hotel Convention Center & Spa, located at 7600 John Q. Hammons Drive, Frisco, TX 75034. Please mark packages, "HITCON Meeting," and indicate for whom the packages should be held. For additional shipping needs and questions, please contact the Hotel.

**USE OF EXHIBIT SPACE:** Exhibit tables may be used for display of printed materials, small equipment/devices, or other promotional items. If you plan to have computers or other equipment in your exhibit area, they should be removed when

the meeting is not in progress. Exhibit items and equipment should not project beyond the space allotted, obstruct the view or interfere with exhibit floor traffic. Explanations, demonstrations or distribution of materials should take place within the assigned exhibit space to avoid interference with other exhibitors.

Exhibit materials may not be glued, nailed or otherwise affixed to walls, doors, floor or curtains anywhere in the hotel that may cause defacement. Exhibitor is responsible for any damage that results from failure to observe this notice. Exhibitor is expected to insure itself against liability, property loss and damage. Prior approval from the hotel is required before hanging signs, banners or displays.

**OCCUPATION OF EXHIBIT SPACE:** Space not occupied by Exhibitor by **9:30 am, Thursday, October 25, 2018**, will be forfeited without refund to the Exhibitor and the space may be reassigned, distributed or used by and at the sole discretion of TORCH.

**CANCELLATION OF EXHIBIT SPACE:** Cancellation of Exhibitor's space must be received in writing (email acceptable) by TORCH prior to **October 8, 2018**, to receive a refund (less a \$150 administrative fee). **Refunds will not be issued for cancellations received after this date.**

**INDEMNIFICATION:** Exhibitor assumes entire responsibility and hereby agrees to protect, defend, save and indemnify TORCH, TORCH Foundation and their employees, owners, subsidiaries, affiliates and agents against all claims, losses and damages to persons or property, governmental charges or fines and attorney's fees arising out of the exhibition premises or a part thereof, excluding such liability caused by the sole negligence of the Hotel, its owners, employees or agent, to include the period of storage before or following the meeting.

Exhibitor shall be fully responsible to pay for any and all damages to property owned by Hotel, its owners or managers that result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless the Hotel, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any persons, including the Exhibitor, its agents, employees and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the Hotel or any part thereof.

**CANCELLATION/POSTPONEMENT OF CONFERENCE:** Should any situation beyond the control of TORCH or TORCH Foundation arise to prevent holding the conference, or to postpone the conference, TORCH will not be held liable for any expenses incurred by Exhibitor except the cost of the exhibit space, which will be refunded in full.





## RETURN SERVICE REQUESTED

Affiliate of

*Texas Organization of Rural & Community Hospitals*

P.O. Box 203878, Austin, TX 78720

11675 Jollyville Road, Suite 300, Austin, TX 78759

P: 512-873-0045

F: 512-873-0046

<http://foundation.torchnet.org>

[www.torchnet.org](http://www.torchnet.org)

**OCTOBER  
25 - 26, 2018**  
Embassy Suites by Hilton Dallas  
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**IMPORTANT DATES**  
**REGISTRATION DEADLINE**  
**OCTOBER 8, 2018**  
(OR WHILE SPACES ARE AVAILABLE)

**HOTEL RESERVATION DEADLINE**  
**OCTOBER 5, 2018**

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Background text includes: Update, Internet Scam, Password, Botnet, Firewall, Backdoor, Virus Computer, Trojans Horses, and various binary code elements.