



Cambridge Healthtech Institute

Registration Form Instructions

(Please see Sponsor/Exhibitor Registration Form on the following 2 pages)

If you have NOT already registered your personnel on your exhibit contract, please fill out the exhibitor registration form below for each person in need of a badge for the meeting.

As an Exhibitor you are entitled to

- ❖ 1 complimentary full conference pass**
- ❖ 1 complimentary “exhibit hall only” pass**

Any additional badges may be purchased at a discounted rate. See registration form below for discounted pricing and deadlines.

For Sponsors, please reference your contract for the number of complimentary registration badges included with your sponsorship.

Bio-IT World Cloud Summit

Hotel Kabuki~ San Francisco, CA

September 11-13, 2012

(2 Pages)

Sponsor/Exhibit Registration Form – Deadline: August 24th

Sponsor/Exhibitors please use this form to register participants. Please photocopy as needed.

Exhibitors receive 1 Full Conference registration and 1 Booth Only Personnel (per booth). Sponsors refer to your Sponsor Agreement.

FULL CONFERENCE REGISTRATION INCLUDES:

Session access · Website link on conference proceedings delivered electronically · A free subscription to newsletter · Access to exhibits and poster area

Exhibitor/Sponsor Company Name: _____ Booth Number: _____

Registration Type: New Update Substituting for _____

BOOTH PERSONNEL:

- Complimentary Registration - Booth Only
- \$250 Additional Registration - Booth Only Personnel (limited to one)

FULL CONFERENCE REGISTRATION:

- Complimentary Full Conference Registration (EXCLUDES SHORT COURSES)
- OPTION 1: (\$665) Access to *either* High Performance Computing OR Cloud-Optimized Networks OR Data-Focused Cloud Applications (EXCLUDES SHORT COURSES)

Select your Track:

- Track 1: High Performance Computing, September 11-12
- Track 2: Cloud-Optimized Networks, September 11-12
- Track 3: Data-Focused Cloud Applications, September 12-13

POSTER (Deadline: August 15, 2012)
 You will receive a submission link via email.
 (Contact: jring@healthtech.com)

- OPTION 2: (\$1045) Access to entire event (EXCLUDES SHORT COURSES)

Select your Tracks:

- Track 1: High Performance Computing (September 11-12) **AND**
 Track 3: Data-Focused Cloud Applications (September 12-13)
- OR**
- Track 2: Cloud-Optimized Networks (September 11-12) **AND**
 Track 3: Data-Focused Cloud Applications (September 12-13)

PRE-CONFERENCE SHORT COURSES:

- \$295, One Short Course
- \$595, Two Short Courses

Select your Short Course(s) for September 10:

- AM: SC1: An Introduction to RDMA Technology
- PM: SC2: An Overview of OpenFlow and SDN with Real World Cases



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Exhibitor/Sponsor Company Name: _____

Delegate Information:

Mr. Ms. Mrs. Dr. Prof.

First Name: _____ Last Name: _____

Title: _____ Div/Dept: _____

Address: _____

City/State/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email _____

How would you prefer to receive notices from CHI? EMAIL: Yes No FAX: Yes No

Would you like to receive CHI event updates Yes No

ORDER TOTALS:	Additional Registration BOOTH PERSONNEL	\$ _____
	Additional Registration FULL CONFERENCE REGISTRATION	\$ _____
	Additional Registration SHORT COURSE(S)	\$ _____
	Total Due	\$ _____

PAYMENT DETAILS:

Enclosed is check or money order payable to Cambridge Healthtech Institute, drawn on a U.S. bank, in U.S. currency.

Please charge \$ _____ to credit card: Visa MC AMEX

Cardholders Name: _____ Signature: _____

Card #: _____ Expiration Date: _____

CANCELLATION POLICY: Cancellations will only be accepted up to 2 weeks prior to the conference. To cancel a registration, you may:

- * Transfer your registration to a colleague within your organization
- * Credit your registration to another Cambridge Healthtech Institute program (Credit Voucher Valid for 1 Year)
- * Request a refund minus a \$100 processing fee per conference
- * Request a refund minus the cost of ordering a copy of the documentation CD

PLEASE RETURN COMPLETED FORMS TO:

ELAINE ESKEDAL

FAX: 781-972-5425 OR EESKEDAL@HEALTHTECH.COM