

**2019 HUMAN CAPITAL INVESTMENT
CONFERENCE & GAIL L. WARDEN LEADERSHIP
EXCELLENCE AWARD DINNER**

NOVEMBER 19-20, 2019
INTERCONTINENTAL CHICAGO • MAGNIFICENT MILE

NATIONAL CENTER *for* HEALTHCARE LEADERSHIP



**HEALTHCARE.
POWERED BY PEOPLE.**

Join us for the **2019 Human Capital Investment Conference, *Healthcare. Powered By People.***, and the **Gail L. Warden Leadership Excellence Award** reception and dinner held November 19-20 at the InterContinental Chicago Magnificent Mile. This highly regarded event brings together senior executives from leading US healthcare systems, health sector firms, health policy leaders, and researchers.

The event begins on Tuesday afternoon with keynote and panel discussions touching on important objectives around this year's theme. ***Healthcare. Powered By People.*** highlights the importance of creativity, innovation, diversity, and inclusiveness to our collective success. People help power the implementation of technology, the use of powerful data and analytics, and the improvement of health for our communities. Our shared goal is to build leaders who can power our work now and into the future.

The **2019 Gail L. Warden Leadership Excellence Award** dinner will be held on Tuesday evening, to honor **Rod Hochman, MD**, President & CEO, Providence St. Joseph Health. Dr. Hochman is a leader whose commitment, values, and contributions have improved the health of the public through leadership and organizational excellence.

The event continues on Wednesday morning with breakout sessions that will showcase the leadership best practices of many leading healthcare organizations that use evidence-informed approaches to leadership development, such as attracting and selecting leaders, talent management, coaching, diversity leadership, and succession planning.

[Registration is now open](#), deadline for registrations is Friday, November 2

For hotel reservations, visit the [InterContinental Chicago Magnificent Mile](#) by Monday, November 4.

For sponsor opportunities or questions, please contact Nilu Faiz-Ali at nfaiz-ali@nchl.org

For more information, visit www.nchl.org

OVERVIEW OF EVENTS

LENS & NCHL Business Events & Meetings

MONDAY, NOVEMBER 18	TUESDAY, NOVEMBER 19
Noon - 6:30 PM	9:00 - 11:30 AM

HUMAN CAPITAL INVESTMENT CONFERENCE

TUESDAY, NOVEMBER 19	WEDNESDAY, NOVEMBER 20
12:30 - 5:00 PM	7:30 - 12:45 PM

GAIL L. WARDEN LEADERSHIP EXCELLENCE AWARD EVENT

TUESDAY, NOVEMBER 19
5:30-8:30 PM



Human Capital Investment Conference & Gail L. Warden Leadership Excellence Award Sponsorship

Each year, the National Center for Healthcare Leadership (NCHL) hosts this highly regarded event that brings together senior executives and industry leaders from leading US healthcare systems. All sponsors receive recognition on the NCHL events page of the website and marketing materials.

November 19-20, 2019 ▪ Chicago, IL

Gail L. Warden Leadership Excellence Award		
Event	\$25,000	<ul style="list-style-type: none"> ❖ Premier billing on all event materials ❖ Promotional brochure inserted in conference attendee materials ❖ Full page, four-color tribute ❖ Ten registrations to HCIC and the Gail L. Warden Leadership Excellence Award Dinner
Patron	\$20,000	<ul style="list-style-type: none"> ❖ Recognition on all event signage ❖ Half page, four-color tribute ❖ Ten registrations to HCIC and the Gail L. Warden Leadership Excellence Award Dinner
	\$15,000	<ul style="list-style-type: none"> ❖ Recognition on all event signage ❖ Half page, four-color tribute ❖ Five registrations to HCIC and the Gail L. Warden Leadership Excellence Award Dinner
Supporter	\$7,750	<ul style="list-style-type: none"> ❖ Quarter page, four-color tribute ❖ Five registrations to HCIC and the Gail L. Warden Leadership Excellence Award Dinner
	\$5,000	<ul style="list-style-type: none"> ❖ Five registrations to HCIC and ten registrations to the Gail L. Warden Leadership Excellence Award Dinner
	\$2,500	<ul style="list-style-type: none"> ❖ Two registrations to HCIC and five registrations to the Gail L. Warden Leadership Award Dinner
Human Capital Investment Conference		
Invitational Lunch or Breakfast	\$15,000	<ul style="list-style-type: none"> ❖ Recognition as sponsor on signage at invitational lunch or breakfast ❖ Five registrations to HCIC and the Gail L. Warden Leadership Excellence Award Dinner
Break	\$7,000	<ul style="list-style-type: none"> ❖ Recognition as sponsor on signage during all breaks ❖ Five registrations to HCIC and one registration to the Gail L. Warden Leadership Excellence Award Dinner
Breakout Session	\$2,500	<ul style="list-style-type: none"> ❖ Recognition as sponsor on signage during breakout sessions ❖ Two registrations to HCIC and one registration to the Gail L. Warden Leadership Excellence Award Dinner



2019 EVENT SPONSORSHIP COMMITMENT FORM

By signing below, I am pledging my organization's commitment as a sponsor at one of the below levels:

Gail L. Warden Leadership Excellence Award

- Event \$25,000
- Patron \$20,000
- Patron \$15,000
- Supporter \$7,750
- Supporter \$5,000
- Supporter \$2,500

Human Capital Investment Conference

- Invitational Lunch \$15,000
- Breakfast \$15,000
- Break \$7,000
- Breakout Session \$2,500

Organization: _____

Primary Contact Name: _____

Title: _____

Organization Address: _____

Email Address: _____

Phone: _____

Signature: _____ **Date:** _____

Please return your signed form by:

1. **Mail** with check (*made out to NCHL or National Center for Healthcare Leadership*) to:
Mailing Address:
Nilu Faiz-Ali
National Center for Healthcare Leadership
17 N. State Street
Suite 1530
Chicago, IL 60602
2. **Scan and email** to nfaiz-ali@nchl.org and either mail check to address listed above or arrange for bank transfer

TRIBUTE DEADLINE: Please send your camera-ready tribute to nfaiz-ali@nchl.org by Friday, October 25
SPONSOR GUEST LIST DEADLINE: Please send to nfaiz-ali@nchl.org by Friday, November 1



2019 EVENT INDIVIDUAL REGISTRATION FORM

By signing below, I am confirming registration for my colleagues or me to attend the Human Capital Investment Conference and/or Leadership Award dinner:

Human Capital Investment Conference and Gail L. Warden Leadership Excellence Award Reception & Dinner

___ Number of Attendees
 \$1,000

Gail L. Warden Leadership Excellence Award Reception & Dinner only

___ Number of Attendees
 \$550

Human Capital Investment Conference only

___ Number of Attendees
 \$550

 ___ Number of Attendees (at the special rate* for government employee or NCAF faculty members)
 \$275

*Special Rates: A limited number of registrations for \$275 per event are available for government employees, full-time faculty of National Council on Administrative Fellowship (NCAF) members, and current NCAF-member administrative fellows. A \$275 rate for the HCIC Conference only is also available for up to three team members from presenting organizations. These rates are available on a first-come, first-served basis.

Registration Policy: There is a \$150 processing fee for cancellations made within two weeks of the event. Registrations may be transferred to another person at no additional charge.

REGISTRANT INFORMATION (please complete for each individual attending the event):

Formal Name: _____

Preferred First Name (Name on badge): _____

Title: _____

Organization: _____

Organization Address: _____

Email Address: _____

Phone: _____

Assistant's Contact Information: _____



2019 EVENT INDIVIDUAL REGISTRATION FORM

If attending the Gail L. Warden Leadership Award dinner, please indicate if you have a dietary restriction:

___ Vegetarian ___ Gluten Free ___ Vegan ___ Other: _____

As an individual attending the Award dinner, I prefer to be seated with:

PAYMENT INFORMATION

The total amount due is \$ _____ (please make checks payable to the National Center for Healthcare Leadership and mail to: Nilu Faiz-Ali, National Center for Healthcare Leadership, 17 N. State Street, Suite 1530, Chicago, IL 60602) or provide credit card information below

Payment method: Check (enclosed) Invoice PO # _____

Credit Card: Visa MasterCard American Express Discover

Card #: _____ Security Code: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

Signature: _____

HOTEL ACCOMODATIONS: Please complete your reservations by Monday, November 4.

InterContinental Chicago Magnificent Mile

505 N. Michigan Avenue

Chicago, IL 60611

Phone: 1-800-628-2112

Group Code: HER

Room block weblink: <https://bit.ly/2J5GQoX>

Room rate: \$229

REGISTRATION DEADLINE: Please submit to Nilu Faiz-Ali at nfaiz-ali@nchl.org by Friday, November 1.