



THE 10TH ANNUAL MICHIGAN GREEN HEALTHCARE CONFERENCE

INTENT TO SUPPORT

INTENT TO SUPPORT FORM MUST BE SUBMITTED BY SEPT. 29, 2017

YOUR INTENT FORM MUST BE ACCOMPANIED BY A CHECK OR VISA, MASTERCARD OR AMERICAN EXPRESS NUMBER TO BE PROCESSED.

Organization Name _____
How you want the organization name to be listed in all meeting materials.

Organization Representative _____

Title _____

Address _____

City/State/ZIP _____ Date _____

Phone _____ Fax _____ Email _____

DISPLAY TABLE NEEDED? Yes No

DETAILS AND CONDITIONS

- Completed Intent to Support form and check should be returned to: Kristen Cavanagh-Strong, 2112 University Park Drive, Okemos, MI 48864 or faxed to: (517) 327-4517
- To be listed as a supporter in the brochure, support must be confirmed by submitting an Intent to Support form by **July 7, 2017**.
- Verbal commitments to exhibit and sponsor are not accepted, and fees must accompany the Intent to Support form. The MHA will release and resell any items not paid in full.
- Supporters will be notified of their acceptance and receive information on further procedures and recognition.
- No refunds will be given. The MHA will work with supporters to accommodate special needs.
- Participation and recognition at the event is contingent upon meeting event and publication deadlines.
- Space is limited and will be confirmed on a first-come, first-served basis.
- Each sponsor will receive two complimentary event registrations. Additional attendees will need to pay the full registration fee.
- Each exhibitor will receive one complimentary event registration. Additional attendees will need to pay the full registration fee.

Please contact Kristen Cavanagh-Strong (kcavanagh-strong@mha.org) with questions.

The MHA reserves exclusive rights to determine appropriate items for distribution and use of sponsor logos or sponsor name recognition on any and all MHA meeting materials, clothing, gifts, signage, displays and all other items, events, venues or materials associated with sponsorship. The MHA reserves the right to accept or reject a sponsor.

CHOOSE THE LEVEL AND PACKAGE YOU WOULD LIKE TO SUPPORT

■ GOLD LEVEL - \$2,000

My organization would like to sponsor the following package:

- Welcome Reception Breakfast
 Luncheon

■ SILVER LEVEL - \$1,000

My organization would like to sponsor the following package:

- Badge Lanyards Name Badges

■ EXHIBITOR - \$700

My organization would like to choose this package.

PAYMENT INFORMATION

Checks should be made payable to MHA.

Total \$ _____ Check # _____

Charge my VISA MasterCard American Express

Account # _____

CVV Code: _____ Exp. Date _____
(3- or 4-digit security number on the card)

Cardholder Signature _____

Cardholder Name (print) _____

