



# THE 11TH ANNUAL MICHIGAN GREEN HEALTHCARE CONFERENCE

## INTENT TO SUPPORT

Intent to support form must be submitted by July 6, 2018, for inclusion in the meeting brochure or by Sept. 28, 2018, for recognition during the event only.

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, an Intent to Support form and payment must be received by **July 6, 2018**.
- 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 exhibitor and sponsor will receive two complimentary event registrations. Additional attendees will need to pay the full registration fee.

Please contact **Kristen Cavanagh-Strong** ([kcavanagh-strong@mha.org](mailto: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) \_\_\_\_\_

