

Intent to Provide Commercial Support or Exhibit

2009 MHA Patient Safety and Quality Symposium

April 14 & 15



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 _____ E-mail _____

2009 MHA PATIENT SAFETY AND QUALITY SYMPOSIUM COMMERCIAL SUPPORT AND EXHIBITOR DETAILS AND CONDITIONS

- To be listed as a commercial supporter or exhibitor in the brochure, support must be confirmed by submitting an *Intent* form by **Jan. 26, 2009**.
- Fees are due within 15 days of receipt of the *Intent* form. The MHA Keystone Center for Patient Safety & Quality will release and resell any items not paid in full after this date.
- Verbal commitments to support or exhibit will not hold that event for your organization.
- Commercial supporters and exhibitors will be notified of their acceptance and receive information on further procedures.
- Conference registration fees are included only in the Diamond, Platinum, Gold and Silver levels.
- To ensure production and promotional deadlines are met, commercial support and the option to exhibit at the Symposium close on **March 13, 2009**.
- Completed *Intent* forms and checks should be returned to:

Janice Jones

MHA Keystone Center for Patient Safety & Quality

6215 West St. Joseph Highway

Lansing, MI 48917

Phone (517) 323-3443

Fax (517) 323-0946

PLEASE CHOOSE WHICH LEVEL AND PACKAGE YOU ARE SELECTING AND FILL OUT THE PAYMENT INFORMATION BELOW:

Commercial Support

DIAMOND LEVEL • \$10,000 or higher

Agreed with a representative of the MHA Keystone Center for Patient Safety & Quality to support the following:

PLATINUM LEVEL • \$5,000

My organization would like to support the following package:

Luncheon (Wed.) Luncheon (Thurs.)

GOLD LEVEL • \$4,000

My organization would like to support the following package:

Conference Refreshments (Wed.) Reception

Conference Refreshments (Thurs.)

SILVER LEVEL • \$3,000

My organization would like to support the following package:

Badge Lanyards Audiovisual Package

Flashdrive with Conference Materials Symposium Brochure

BRONZE LEVEL • \$2,000

My organization would like to support the following package:

Registration Tote Bag

Symposium Guide Gift

EXHIBITOR • \$1,000

Table-top display (**space is limited and will be confirmed on a first-come first-served basis**)

Intent forms must be accompanied by a check or VISA, MasterCard or American Express number.

Total \$ _____ Check # _____

Charge my VISA MasterCard American Express

Account # _____

Exp. Date _____

Cardholder Signature _____

Cardholder Name (print) _____

The MHA and the MHA Keystone Center for Patient Safety & Quality reserve exclusive rights to determine appropriate items for distribution and use of exhibitor logos or exhibitor name recognition on any and all MHA and MHA Keystone Center for Patient Safety & Quality meeting materials, gifts, signage, displays and all other items, events, venues, or materials associated with exhibiting. The MHA and the MHA Keystone Center for Patient Safety & Quality reserve the right to accept or reject an exhibitor.