

Intent to Support or Exhibit

2010 MHA Patient Safety and
Quality Symposium

April 19 & 20

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 _____

2010 MHA PATIENT SAFETY AND QUALITY SYMPOSIUM COMMERCIAL SUPPORT AND EXHIBITOR DETAILS AND CONDITIONS

- To be listed as a supporter or exhibitor in the brochure, support must be confirmed by submitting an *Intent* form by **Jan. 26, 2010**.
- 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.
- Supporters and exhibitors will be notified of their acceptance and receive information on further procedures.
- One complimentary conference registration is provided to commercial supporters.
- To ensure production and promotional deadlines are met, commercial support and the option to exhibit at the symposium close **March 13, 2010**.
- 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) 886-8433

Fax (517) 703-0601

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 supporting or exhibiting. The MHA and the MHA Keystone Center for Patient Safety & Quality reserve the right to accept or reject a supporter or exhibitor.

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

Commercial Support

DIAMOND LEVEL • \$10,000 or more

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 on April 19 Luncheon on April 20
 Sorrel King's book *Josie's Story*

GOLD LEVEL • \$4,000

My organization would like to support the following package:

- Conference Refreshments (April 19) Flash Drive with
 Conference Refreshments (April 20) Conference Materials

SILVER LEVEL • \$3,000

My organization would like to support the following package:

- Badge Lanyards Audiovisual Package
 Reception Symposium Brochure

BRONZE LEVEL • \$2,500

My organization would like to support the following package:

- Registration Packet Tote Bag
 Symposium Guide Gift

EXHIBITOR • \$1,500

- Table-top display and one complimentary registration
(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) _____

Keeping the Promise: Putting Patients at the Center of Safety

MHA Patient Safety and Quality Symposium

April 19 & 20, 2010 | The Hyatt Regency, Dearborn, MI

COMMERCIAL SUPPORT AND EXHIBITOR REGISTRATION FORM

Name: _____
(as you wish it to appear on name badge)

Title: _____

Hospital/Organization: _____

Address: _____

City, State, ZIP: _____

E-mail address: _____ Phone: _____
(required to confirm)

ADDITIONAL REGISTRANTS

Name: _____
(as you wish it to appear on name badge)

Title: _____

Hospital/Organization: _____

Address: _____

City, State, ZIP: _____

E-mail address: _____ Phone: _____
(required to confirm)

Name: _____
(as you wish it to appear on name badge)

Title: _____

Hospital/Organization: _____

Address: _____

City, State, ZIP: _____

E-mail address: _____ Phone: _____
(required to confirm)

REGISTRATION FEES*

Please check appropriate box below

- Conference fee **both days**
- Conference fee for **April 19 only**
- Conference fee for **April 20 only**

Registration received
on or before March 19

\$295

\$245

\$245

Registration received
after March 19

\$345

\$295

\$295

Total fees: \$ _____ Check number enclosed _____ Charge my: VISA MasterCard American Express

Account number: _____ Exp. date: _____

Cardholder name: _____ Cardholder signature: _____

Make Check Payable to: MHA Keystone Center for Patient Safety & Quality

Mail Payment and Registration Form to: Janice Jones, MHA Keystone Center for Patient Safety & Quality,
6215 West St. Joseph Highway, Lansing, MI 48917

Fax Payment Information and Registration Form to: Janice Jones, (517) 703-0601

The brochure and registration form can be downloaded at www.mha.org by choosing "events" and "event registration."

Questions? Contact Janice Jones at (517) 886-8433

*These fees reflect the entire cost of program development, faculty, facility expenses, educational materials, breakfasts, breaks and receptions. The symposium is not supported by MHA Keystone Center Collaborative assessment fees or MHA membership dues.