



2018 Conference Sponsorship & Exhibit Space Information

November 8, 2018— Radisson Hotel at the Capitol— Lansing, MI

30 Years Growing in Health: SCHA-MI Conference and Gala 2018

Expected attendance: Approximately 150 nurse practitioners, nurses, medical assistants, social workers, and administrators are expected to participate in the conference. Additionally, the gala will attract up to 50 business partners, community representatives, and elected officials.

Sponsorship Opportunities

Platinum \$8,000

- Registration for six staff (includes all meals)
- Recognition on SCHA-MI website and social media
- Exhibit space
- Recognition in all pre-event publicity and event signage
- Opportunity to distribute materials**
- Link on SCHA-MI website**

Diamond \$5,000

- Registration for four staff (includes all meals)
- Recognition on SCHA-MI website and social media
- Exhibit space
- Recognition in all pre-event publicity and event signage
- Opportunity to distribute materials**
- Link on SCHA-MI website**

Gold \$2,500

- Admission for two staff (includes all meals)
- Recognition on SCHA-MI website and social media
- Exhibit space
- Recognition in all pre-event publicity and signage**

Silver \$1,000

- Admission for one staff (includes all meals)
- Recognition on SCHA-MI website and social media
- Exhibit space
- Verbal acknowledgment at event**

Bronze \$500

- Recognition on SCHA-MI website and social media
- Exhibit space

Overnight Accommodations

Organization Exhibit:

\$250 Nonprofit

\$400 For profit

Each exhibit space Includes one (1) eight-foot table, and two chairs. Lunch is NOT included. Exhibits are available through the gala, which runs until 10:30pm.

**Radisson Hotel at the Capitol
111 N Grand Ave
Lansing, MI 48933**

For questions regarding support and/or exhibits, contact Diane Drago, P.O. Box 7976, Ann Arbor, MI 48107, Phone: 734.661.1919.



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Radisson Hotel at the Capitol, 111 N Grand Ave Lansing, MI 48933

Contact Information

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Sponsorship

Please indicate your level of support:

Platinum: \$8,000+ Total: _____

Diamond: \$5,000+ Total: _____

Gold: \$2,500 Total: _____

Silver: \$1,000 Total: _____

Bronze: \$500 Total: _____

We are a SCHA-MI 2018 Conference sponsor and have elected to use the complimentary exhibit space.

_____ x \$50 Additional meals Additional Options Total: _____

Underwrite Plenary Speaker:\$3000 Total: _____

Organization Display Total: _____

Nonprofit \$250

For profit \$400

Grand Total: _____

Payment Information

A check is enclosed in the amount of \$_____

Make checks payable to:
School-Community Health Alliance of Michigan

Credit card charge in the amount of: \$_____

VISA MasterCard Discover AMEX

Card Number _____ Exp. Date _____

Name on Card _____ Billing Zip Code _____

Signature _____

**To pay by check, mail the form along with payment to: School-Community Health Alliance of Michigan
Attn: Diane Drago, P.O. Box 7976, Ann Arbor, MI 48107, Phone: 734.661.1919
Forms with credit card payment may be faxed to 517.381.8011**