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Sponsorship Opportunities

**Communication: Access and Advocacy The MSHA Annual Conference
 March 22-24, 2018 ~ Radisson Plaza Hotel, Kalamazoo Michigan**

We are pleased to offer you *Sponsorship Opportunities* at our **March 22-24, 2018 Annual Conference** at the **Radisson Plaza Hotel in Kalamazoo, Michigan**. We will ensure that our Sponsors and Exhibitors receive extensive visibility and communication with our conference participants. Special announcements and signage will be made at the conference as well as acknowledgment on our website, in our **Program Book** and newsletter *et cetera*. Along with our traditional **Exhibitor Booth** and **Advertising** options, we offer the following sponsorship opportunities:

Please indicate your choice of sponsorship: Description:

- Folders with logo/imprint for all conference attendees: \$800-900 (cost may vary) **Deadline: February 1, 2018**
- Lanyards: \$1200 (cost may vary depending on artwork)
- Other: (e.g., pens, tote bags, notebooks, etc.) Price may vary depending upon item_____

- Thursday Short Course: \$500
- Thursday evening Seminar: \$500
- Thursday evening *Welcome* Reception: \$1500 (hors d'oeuvres and cash bar)

- Friday morning Breakfast: \$1500 (continental offerings)
- Friday Short Course (a.m. or p.m.): \$500
- Friday am or pm Student Sessions: \$500 (snacks and beverage)
- Friday MSHA Awards Luncheon: \$2500 (includes full a page ad in **Program Book**) **Deadline: Feb. 15, 2018**
- Friday afternoon snack/dessert break: \$500 (fruit, cookies, ice cream, water or pop)
- Friday evening Praxis Quizbowl: \$500 (pizza and soft drinks)

- Saturday morning Breakfast: \$1500 (continental offerings)
- Saturday Short Course (a.m. or p.m.): \$500
- Saturday Public School Forum Lunch: \$2000
- Saturday Medical SLP Forum Lunch: \$2000
- Saturday afternoon snack break: \$500 (fruit, cookies, ice cream, water or pop)

Please check your desired level of sponsorship, complete form below, & send to MSHA **by February 15, 2018**

Company Name: _____ Your name: _____

Email address: _____ Phone: (____) _____

Address: _____

City & State: _____ Zip Code: _____

Check enclosed for \$ _____ Or Credit Card: VISA MasterCard Discover Card

Expiration Date: _____ CV Code (back of card) _____

Card Number: _____

Card Holder Name: _____

Authorized Signature: _____

Mission Statement: *The Mission of the Michigan Speech-Language-Hearing Association (MSHA) is to provide professional support and development, public awareness, and advocacy for professionals in communication sciences and disorders and the individuals they serve.*