



790 W. Lake Lansing Rd., Suite 500-A ♦ East Lansing, Michigan 48823
Phone: 517/332-5691 ♦ FAX: 517/332-5870
Email: msha@att.net ♦ Website: www.michiganspeechhearing.org

Sponsorship Opportunities *Making Connections:*
MSHA Annual Conference ~April 21-23, 2016
Amway Grand Plaza Hotel, Grand Rapids, Michigan



We are pleased to offer you *Sponsorship Opportunities* at our **April 21-23, 2016 Annual Conference** at the **Amway Grand Plaza Hotel in Grand Rapids, 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 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 29, 2016**
- Lanyards: \$500-600 (cost may vary)
- 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. 29, 2016**
- Friday afternoon snack/dessert break: \$500 (fruit, cookies, ice cream, water or pop)

- 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 March 1, 2016**

Company Name: _____ Your name: _____

Email address: _____ Phone: (____) _____

Address: _____

City & State: _____ Zip Code: _____

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

Expiration Date: _____

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.