Do you have a product or service that improves patient care; manages healthcare data, organizational communication and teamwork; or assists in overall quality of healthcare delivery? If so, you’ll want to consider exhibiting at the MHA Keystone Center Critical Care Workshop, which draws physician, nurse, quality and safety leaders.

September 19
The Dearborn Inn
20301 Oakwood Boulevard
Dearborn, MI 48124
Exhibit Opportunity  $750

- Exhibit table (confirmed on a first-come, first-served basis)

Each exhibit opportunity will include an exhibit table in the exhibit hall, recognition on MHA social media accounts and one complimentary event registration. For more information, contact Kristen Cavanagh-Strong at kcavanagh-strong@mha.org or (517) 323-3443.

Details and Conditions

- Exhibitor agrees to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria and the ACCME Standards for Commercial Support policy.

- Verbal commitments to exhibit are not accepted, and fees must accompany the Intent to Exhibit form. The MHA Keystone Center will release and resell any items not paid in full.

- Exhibitors will be notified of their acceptance and receive information on further procedures and recognition.

- No refunds for exhibiting will be given. The MHA Keystone Center will work with exhibitors to accommodate special needs.

- Participation and recognition at the event is contingent upon meeting event and publication deadlines as advertised on the Intent to Exhibit form.

- Space is limited and will be confirmed on a first-come, first-served basis.

- Each exhibitor will receive a complimentary event registration. Additional attendees will need to pay the full registration fee.

- To review the policies and conditions of exhibiting and attendance, contact Kristen Cavanagh-Strong at kcavanagh-strong@mha.org.
Intent to Exhibit

Date _____________________________________________________________________________________________________

Organization Name ________________________________________________________________________________________

Main Contact Person _______________________________________________________________________________________

Title ______________________________________________________________________________________________________

Address __________________________________________________________________________________________________

City/Sate/ZIP ______________________________________________________________________________________________

Phone ____________________________________________________________________________________________________

Email _____________________________________________________________________________________________________

Exhibitor fee: $750

Your intent form must be accompanied by a check or Visa, MasterCard or American Express number to be processed.

Check # ______________________________________________
(Please make checks payable to MHA Keystone Center)

Charge my: [ ] Visa [ ] MasterCard [ ] American Express

Account # ___________________________ CVV Code ___________ Exp. Date __________________

Cardholder Signature ________________________________________________________________________________________

Cardholder Name (please print) ____________________________________________________________

Completed Intent to Exhibit form and check should be returned to:

Kristen Cavanagh-Strong
MHA Health Foundation
2112 University Park Drive
Okemos, MI 48864
Or faxed to: (517) 327-4517