



Michigan Health & Hospital Association

2024 ANNUAL MEMBERSHIP MEETING

June 26 - 28, 2024 • Grand Hotel, Mackinac Island

Register online: www.mhaannual.org

REGISTRATION

Deadline: May 24, 2024

STEP ONE: YOUR INFORMATION (PLEASE PRINT CLEARLY) FEE \$999

First and last name: _____
(as you would like it to appear on name badge)

Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

(Required to receive Grand Hotel Reservation Form)

STEP 1 TOTAL \$ _____

The MHA Annual Membership Meeting is a private membership meeting. Attendance is open to MHA members, meeting sponsors and invited guests of the MHA. Please contact Sam R. Watson, senior vice president, field engagement, with questions regarding membership.

STEP TWO: SPOUSE/GUEST/CHILD AGE 18 AND OVER INFORMATION FEE \$350

First and last name: _____
(as you would like it to appear on name badge)

\$ _____

First and last name: _____
(as you would like it to appear on name badge)

\$ _____

First and last name: _____
(as you would like it to appear on name badge)

\$ _____

All spouse/guests/children aged 18 and older must be registered and pay the fee to participate in any MHA event including, but not limited to, the receptions, family event, ice cream social, banquet, etc.

STEP 2 TOTAL \$ _____

STEP THREE: CHILD AGE 17 AND UNDER INFORMATION NO FEE

First and last name: _____ Age: _____
(as you would like it to appear on name badge)

First and last name: _____ Age: _____
(as you would like it to appear on name badge)

First and last name: _____ Age: _____
(as you would like it to appear on name badge)

First and last name: _____ Age: _____
(as you would like it to appear on name badge)

Emergency contact name and cell number: _____

WEDNESDAY, JUNE 26 • 6 - 9 P.M.

Arts and crafts (ages 6-8)..... Number of children attending _____

Competitive outdoor and indoor games (ages 9-12)..... Number of children attending _____

THURSDAY, JUNE 27 • 6 - 9 P.M.

Visit to the butterfly conservatory (ages 6-8)..... Number of children attending _____

Disc golf (ages 9-12)..... Number of children attending _____

The Grand Hotel does not offer babysitting services.

STEP FOUR: LINKS FORE HEALTH GOLF OUTING **FEE \$99**

Space is limited. You may register only yourself and your spouse/guest. Children under age 18 must golf with a parent. No refunds will be issued for golf cancellations.

Name: _____

\$ _____

Name: _____

\$ _____

STEP 4 TOTAL \$ _____

PAYMENT INFORMATION **TOTAL ENCLOSED**

Please add totals from Step 1 - Step 4

\$ _____

Indicate method of payment:

Check enclosed (make checks payable to the MHA) Check # _____

Please charge my: VISA MasterCard American Express

Card number: _____

Expiration date: _____ CVV: _____

Cardholder name (please print): _____

Cardholder signature: _____

- **Registrations** will not be processed unless accompanied by payment. No phone registrations can be accepted.
- **Mail payment** and registration form to: MHA Annual Meeting, Michigan Health & Hospital Association, 2112 University Park Drive, Okemos, MI 48864
- **Email** registration form to **annualmeeting@mha.org** (credit card payment only).
- You may also **register online** at **www.mhaannual.org**.
- **Cancellation:** Registration fees less a \$150 per-person cancellation fee are refundable if notice is given by **June 12**. No refund can be issued after this time. Registrants may send an alternate.
- **Special Needs:** If you have any special needs or concerns regarding the meeting site access or your participation in the meeting events, please call Erica Leyko at the MHA at (517) 323-3443. Your early inquiry will enhance our ability to respond to your individual needs.

I have made reservations at a hotel other than the Grand Hotel (please list) _____