



INTENT TO SPONSOR

2026

Organization Name _____
How you want the organization name to be listed in all meeting materials.

Organization Representative _____

Title _____

Address _____

City/State/ZIP _____ Date _____

Phone _____ Email _____

2026 MHA ANNUAL MEMBERSHIP MEETING SPONSORSHIP DETAILS AND CONDITIONS

- ▶ To be listed as a sponsor in the brochure, sponsorship must be confirmed by submitting an Intent to Sponsor form by **February 13, 2026**. For any sponsorship that includes a company logo on the item, intent forms must be received by **May 15, 2026**, or there is no guarantee your logo will be printed on the item.
- ▶ The MHA has the right to release and resell any sponsorship items not paid in full 30 days after receipt of the Intent to Sponsor form. Any payment made by credit card will have a 3% processing fee added to the total. Payment by check sent with the Intent to Sponsor form is also accepted.
- ▶ Verbal commitments will not hold the event for your organization.
- ▶ Sponsors will be notified of their sponsorship acceptance and receive information with additional details.
- ▶ To ensure production and promotional deadlines are met, sponsorships for the MHA Annual Meeting close **May 15, 2026**.
- ▶ Completed Intent to Sponsor forms should be sent to: **Erica Leyko, MHA, 2112 University Park Drive, Okemos, MI 48864 or eleyko@mha.org**.

Attendance at the MHA Annual Membership Meeting is open to MHA members, conference sponsors and invited guests only. Please contact the MHA field engagement division with questions regarding membership.

The MHA and the MHA Health Foundation reserve exclusive rights to determine appropriate items for distribution and use of sponsor logos or sponsor name recognition on any and all MHA and MHA Health Foundation meeting materials, clothing, gifts, signage, displays and all other items, events, venues and materials associated with sponsorship.

CHOOSE THE LEVEL YOU WOULD LIKE TO SPONSOR		
	MHA MEMBER	MHA SUPPORTER
ALL-ACCESS SPONSOR	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000
TRANSFORMATION SPONSOR	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000
COMMUNITY SPONSOR	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,000
BUY-UP SPONSORSHIP OPPORTUNITIES		
CLINICAL LEADERSHIP DINNER SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
CONFERENCE REFRESHMENT SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
EXCELLENCE IN GOVERNANCE FELLOWSHIP RECEPTION SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
MOBILE MEETING APP SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
NAME BADGE SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
SMALL OR RURAL COUNCIL NETWORKING RECEPTION SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
TOTE BAG SPONSOR	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
WELCOME GIFT SPONSOR*	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
*Intent to Sponsor form must be submitted by March 4, 2026, for this item only.		
MISCELLANEOUS SPONSORSHIP OPPORTUNITY		
LAWN PARTY GAME SPONSOR	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500
SIP N' SAIL AFTERNOON EXCURSION SPONSORSHIP PACKAGES		
EVENT PARTNER	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000
REFRESHMENT SPONSOR	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000
EXCURSION SOUVENIR SPONSOR	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500
SIGNATURE COCKTAIL SPONSOR	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500
ONBOARD ACTIVITIES SPONSOR	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$3,000

ADVERTISING AND PAYMENT INFORMATION CONTINUED ON REVERSE



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ADVERTISING

(see pg. 12 for details)

BANNER AD IN MOBILE MEETING APP

☐ \$500

PAYMENT INFORMATION:

(Checks should be made payable to **MHA**).

Total \$

Check #

Total fees to be charged to: ☐ VISA ☐ MasterCard ☐ American Express

Account number:

Exp. date:

CW Code:
(3- or 4-digit security number on card)

Name:

Cardholder name (please print):

Cardholder signature: