



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 HUMAN RESOURCES  
CONFERENCE SPONSORSHIP DETAILS  
AND CONDITIONS

▶ The MHA has the right to release and resell 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 sponsorship 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 2025 MHA Human Resources Conference close **Feb. 25, 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 Human Resources Conference 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 SPONSORSHIP OPPORTUNITY YOU WOULD LIKE TO SUPPORT

|                | MHA MEMBER                       | MHA SUPPORTER                    |
|----------------|----------------------------------|----------------------------------|
| GOLD SPONSOR   | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$5,000 |
| SILVER SPONSOR | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$4,000 |
| EXHIBIT TABLE  | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,500 |

BUY-UP SPONSORSHIP OPPORTUNITIES

|                            |                                  |                                  |
|----------------------------|----------------------------------|----------------------------------|
| MEAL SPONSOR               | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$3,000 |
| NAME BADGE SPONSOR         | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,500 |
| MOBILE MEETING APP SPONSOR | <input type="checkbox"/> \$500   | <input type="checkbox"/> \$1,000 |
| REFRESHMENT SPONSOR        | <input type="checkbox"/> \$500   | <input type="checkbox"/> \$1,000 |

ADVERTISING

(see pg. 12 for details)

|                                 |                                |
|---------------------------------|--------------------------------|
| BANNER AD IN MOBILE MEETING APP | <input type="checkbox"/> \$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: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
*(3- or 4-digit security number on card)*

Name: \_\_\_\_\_

Cardholder name (please print): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_