



# 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 KEYSTONE CENTER SAFETY & QUALITY SYMPOSIUM DETAILS AND CONDITIONS

- ▶ Exhibitors agree to abide by CME provider requirements.
- ▶ **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 sponsorship for your organization.
- ▶ Sponsors will be notified of their sponsorship acceptance and receive information with additional details.
- ▶ **No refunds for exhibiting will be given.** The MHA Keystone Center will work with exhibitors and sponsors to accommodate special needs.
- ▶ Space is limited and will be confirmed on a first-come, first-served basis.

### CHOOSE THE SPONSORSHIP OPPORTUNITY YOU WOULD LIKE TO SUPPORT

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

### BUY-UP SPONSORSHIP OPPORTUNITIES

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

### ADVERTISING

*(see pg. 12 for details)*

<b>BANNER AD IN MOBILE MEETING APP</b>	<input type="checkbox"/> \$500
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### 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: \_\_\_\_\_

**Attendance at the MHA Keystone Center Safety & Quality Symposium 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.