



Exhibitor/Sponsor Agreement

January 24 - 27, 2019

Shanty Creek Resort - Bellaire, MI

Company Name: _____ Website: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Contact Person: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Names of representatives that will be on site:

Name	Cell Phone	Email Address
1. _____	() _____	_____
2. _____	() _____	_____

Product/Service we represent: _____ Electric (\$35): ___ Yes ___ No

Companies that we **DO NOT** prefer to be placed near: _____

Companies that we **DO** prefer to be placed near: _____

We are interested in (Check all that apply):

Exhibits

	Gold Exhibit Sponsor	<ul style="list-style-type: none"> - Prime booth location - Logo on attendee name badges - Covered table and two chairs - Two representatives per table - Recognition sign 	\$1,500
	Exhibit Booth/Display (For Profit Rate)	<ul style="list-style-type: none"> - Covered table and two chairs - Two Representatives per table 	\$900
	Exhibit Booth/Display (Non-Profit Rate)	<ul style="list-style-type: none"> - Covered table and two chairs - Two Representatives per table 	\$500

Sponsorships

	Platinum Product Theater	<ul style="list-style-type: none"> - 45 minute presentation during meal with basic audio/visual equipment provided - Exhibit Booth/Display that includes covered table, two chairs - Recognition Sign - **Vendor provides presentation, speaker, handouts and product demonstration/materials <ul style="list-style-type: none"> <input type="checkbox"/> Friday, January 25 , Breakfast <input type="checkbox"/> Friday, January 25, Lunch <input type="checkbox"/> Saturday, January 26 , Lunch 	\$900 *Plus the expense of a meal per attendee.
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		<input type="checkbox"/> Sunday, January 27, Breakfast	
	Thursday Night Welcome Reception	<ul style="list-style-type: none"> - Welcome attendees - Hand out or place trinkets at cocktail tables - Place company banner in room *Vendor must provide trinkets and banner. - Tickets for two representatives; additional representatives add'l charge - Recognition sign 	\$2500
	Wi-Fi	<ul style="list-style-type: none"> - Thanked and mentioned during morning opening remarks each day - Recognition sign 	\$1000
	Saturday Night Ice Cream Social and Family Movie	<ul style="list-style-type: none"> - Recognition sign 	\$500
	Break Sponsors	<ul style="list-style-type: none"> - Recognition sign near break - Vendor can provide trinkets to place on break tables - Please select one break from the following: - Please select from the following list: <input type="checkbox"/> Friday, January 25, AM Break <input type="checkbox"/> Friday, January 25, PM Break <input type="checkbox"/> Saturday, January 26, AM Break <input type="checkbox"/> Saturday, January 26, PM Break 	\$500
	Tote Bags	<ul style="list-style-type: none"> - Each attendee receives a tote bag at registration - Extras are given to vendor 	\$1000

Exhibit and Sponsorship Fees are due with application. Product Theater sponsors must submit \$900 with their application. They will be directly billed by resort for food & beverage, meeting space, and additional audio visual costs. **Deadline for submitting application is January 18, 2019.**

Cancellation Policy: No refunds will be made after December 28, 2018. There will be a processing fee of \$100 on all cancellations before December 28, 2018.

Disclaimer of Liability: This agreement between MAOFP and the exhibitor is a license to the exhibitor to use exhibition space at the conference. No bailment is intended or created. MAOFP shall not be responsible or liable for any lost, stolen, or damaged property of exhibitor, or for personal injuries to exhibitor, or exhibitor representatives. Exhibitor expressly releases MAOFP from any liability for any such loss, damage, or injuries.

Signature: _____ Date: _____

PAYMENT: \$ _____

METHOD OF PAYMENT: Check Credit Card: American Express Discover MasterCard Visa
CREDIT CARD INFORMATION (Fill out completely):

Name on Credit Card (If different than above) _____

Address (If different than above) _____

City _____ State _____ Zip Code _____

Phone Number: (____) _____

Credit Card Number _____ Exp. Date _____ CVV Code: _____

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