

2026 MOA Annual Spring Conference at the Somerset Inn, Troy, MI

# Conference Marketing Prospectus



## SHOWCASE YOUR BUSINESS TO MICHIGAN PHYSICIANS

The Michigan Osteopathic Association manages three annual conferences: Spring, Northern Michigan Osteopathic Association (NMOA) Summer, and Autumn. All three welcome osteopathic physicians, residents, students, and other healthcare professionals. The MOA Spring Conference averages 200+ attendees based on last year's numbers.

**2026 MOA Annual Spring Conference**

**May 14 - May 17, 2026**

Somerset Inn

2601 W. Big Beaver Road

Troy, MI 48084

Webpage: [www.domoa.org/Spring](http://www.domoa.org/Spring)

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## ABOUT THE MOA

The Michigan Osteopathic Association (MOA) is a statewide organization representing osteopathic medicine. The association membership includes practicing physicians (DOs), residents, interns, retired DOs, and students from the Michigan State University College of Osteopathic Medicine.

## EXHIBIT DATES & HOURS

### MOA Spring Conference Exhibits

Somerset Inn, Troy, MI

Thursday, May 14 | 2:00 pm - 6:00 pm (OPTIONAL)

Friday, May 15 | 7:00 am - 6:00 pm

Saturday, May 16 | 7:00 am - 6:00 pm

Sunday, May 17 | 7:00 am - 4:30 pm (OPTIONAL)

### DISPLAY TABLE ONLY

Spring Display - \$1,000

Non-Profit - \$500 (verification required)

#### Display Table Includes:

6' table and two chairs (No displays over 6ft wide/tall are permitted)

Name recognition in the Program

Breakfast and lunch tickets included for up to two representatives

#### For questions concerning any of the three annual conferences, contact:

Terry Trombley, Exhibit Coordinator or Lisa Neuffer, Senior Director of Administration

2112 University Park Drive, Ste 100,

Okemos, MI 48864

Email: [Ttrombley@domoa.org](mailto:Ttrombley@domoa.org) or [Lneuffer@domoa.org](mailto:Lneuffer@domoa.org)

P 517-347-1555 F 517-347-1566

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## ABOUT THE CONFERENCE

The MOA Spring Conference attracts osteopathic physicians, medical students, and other healthcare professionals who are interested in discovering how your products and services will advance and improve their work.

- Our highly responsive audience includes DOs, MDs, nurses, and physician assistants, eager to learn about your newest product(s) and/or service(s).
- The layouts at the MOA Conferences offer unparalleled visibility and an opportunity to re-establish old contacts and generate new ones.
- Selling products and taking orders is permitted in the exhibit areas, as it is part of the conference's educational aspect and provides information on industry trends pertinent to the field of medicine, services, and products.

## HOTEL ACCOMMODATIONS

Special group lodging rates are available; mention the conference by name when calling the hotel. For reservations: Contact the Somerset Inn at (248) 643-7800 or online at [www.somersetinn.com](http://www.somersetinn.com)

## SPONSORSHIP OPPORTUNITIES

### Titanium Sponsorship w/Product Showcase

**Morning Showcase - \$8,000**

**Afternoon Showcase - \$10,000**

#### ***Sponsorship Includes:***

- Product Showcase of your choice, based upon availability
- Audiovisual, if required
- Preferred Display Space location and electricity, if needed
- One full-page advertisement in the Program, both print and downloadable PDF
- Banner Ad in one issue of the PULSE electronic newsletter during the conference month
- PULSE article highlighting the company/product during the conference month
- Logo recognition with hyperlinks on the MOA website home and conference page
- Three social media mentions during the conference month
- Breakfast and lunch tickets included for up to two representatives

*\*Speaker honorarium and expenses not included, MOA will cover all costs for food, beverage (no alcohol), and audiovisual equipment, if needed, for the Product Showcase.*

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## Gold Sponsorship - \$6,000

### ***Sponsorship Includes:***

- Table Display
- One half-page advertisement in the Program, both print and downloadable PDF
- Two Social Media mention during the conference month
- Logo recognition with hyperlink on MOA website conference page
- Breakfast and lunch tickets included for up to two representatives

## Silver Sponsorship - \$4,000

### ***Sponsorship Includes:***

- Table Display
- One quarter-page advertisement in the Program, both print and downloadable PDF
- One Social Media mention during the conference month
- Logo recognition on the MOA website conference page
- Breakfast and lunch tickets included for up to two representatives

## OTHER SPONSORSHIP OPPORTUNITIES

### **A La Carte Sponsorships:**

- Co-Sponsor Physician Event - \$1,000
- Co-Sponsor Student or Resident Event - \$700
- Flier insertion with registration materials - \$500
- Break Sponsor - \$500
- Lanyard sponsor featuring logo (Sponsor provided) \$500
- Registration bag featuring sponsor logo (Sponsor provided) \$500
- Water bottles featuring sponsor logo (Sponsor provided) \$300

NEW! Virtual options available for the Autumn 2026 Conference! Save the dates: October 16-18, 2026!

## EXHIBITOR BRANDING MATERIALS

Conference sponsor logos, advertisements, etc., will be due 30 days before the event. The MOA strives to accurately present the exhibitor's branding materials to our attendees, and we will work with you to ensure your organization looks its best!

**Note:** All branding materials provided must be in high-resolution files (PDF for ads, .eps for logos) format for printing. Files for web use may be submitted in .jpg or .png format. Ask for specifications. **Color Mode:** RGB colors are best for the web. CMYK colors are best for printing. Turn off any color management settings in your image editor to help prevent colors shifts when viewed online.

Submitted branding materials will be reviewed by the MOA, and exhibitors will be alerted to any files that may have issues in print or digital production.

**Please direct additional questions on advertising specifications to:**

Crystal Ash, Membership and Marketing Coordinator

Michigan Osteopathic Association

517-347-1555 ext. 120 [cash@domoa.org](mailto:cash@domoa.org)

## EXHIBITING SPECIFICS

### **Deadline**

Reserve your space early, as space is limited! The contract and payment **are due no later than 14 days before the event.**

### **Refunds**

Cancellations within 14 days of the conference will be assessed a \$300 fee; no refunds will be issued after.

### **Liability**

**Disclaimer of liability:** This agreement between MOA and the exhibitor is a license to use the exhibition space at the event. No bailment is intended or created. MOA shall not be responsible or liable for any lost, stolen, or damaged property of the exhibitor or for personal injuries to the exhibitor or exhibitor's representatives. Exhibitors expressly release MOA from any liability for any such loss, damage, or injuries. MOA is not responsible for overages or insufficient food counts.

### **Parking**

Parking varies and is subject to change. At the time of printing, there is no charge for parking.

### **Exhibitor Credentials**

Your representatives may wear their company badges or send their representative's names to the MOA office. Badges will be available at the MOA registration counter upon arrival. Exhibitors must wear an MOA badge or their company badge. Badges may only be worn by individuals working at an exhibit.

### **Security**

The hotel provides general security. After hours, as always, we recommend that nothing of value be left out after show hours, as MOA assumes no responsibility for lost or stolen items.

### **Electricity**

Please let the MOA staff know if you need electricity. There may be a charge by the hotel, or you may need an extension cord. The MOA does not provide extension cords; please plan to bring your own.

## Prize Drawing

MOA is holding prize drawings during exhibitor times. Physician registration materials will include one entry slip. MOA will provide exhibitors with unique identifying stickers. Physicians will collect these stickers as proof of visiting exhibitors' booths. Physicians will turn in the completed slips to be entered in prize drawings, with winners announced at a designated time.

*Please get in touch with Lisa Neuffer at [LNeuffer@domoa.org](mailto:LNeuffer@domoa.org) if you are interested in donating a prize for the drawing. The prize must be received 14 days prior to the Conference, unless you are planning to bring the prize to the Conference.*

## Shipping to the event

MOA requests that any packages be shipped no more than 48 hours before the show, due to storage limitations. Please get in touch with the Director of Catering & Convention Services at the Somerset Inn, Troy, with any questions or requirements regarding shipping.

## Not allowed

No displays larger than six feet wide/tall. You may not block the view of another exhibitor with your display. If you have any questions regarding your display, feel free to ask.

## Impact

By becoming an Exhibitor, you gain access to our DO family through in-person exhibits and digital promotion via newsletters, websites, and social media. Contact us today to learn how we can help you connect with prospective customers and build relationships that can impact your business for years to come.

## Attendee Lists

The MOA is committed to maintaining privacy and preventing commercial influence. In accordance with the Accreditation Council for Continuing Medical Education (ACCME), the accredited provider must not share the names or contact information of learners with any company.



# MOA SPRING CONFERENCE EXHIBIT APPLICATION

Thursday, May 14 - Sunday, May 17, 2026 - The Somerset Inn, Troy, MI

ORGANIZATION NAME: \_\_\_\_\_

CONTACT NAME & TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Names of all reps on site (for name badges). *The list needs to be submitted by May 1, 2026* : \_\_\_\_\_

\_\_\_\_\_

List of products or services you represent: \_\_\_\_\_

\_\_\_\_\_

I PLAN TO EXHIBIT AT THE 2026 MOA Spring Conference

**Two Luncheon tickets are included for each exhibit space:** My company will need \_\_\_ 1 OR \_\_\_ 2 free luncheon tickets for \_\_\_ Friday and \_\_\_ 1 OR \_\_\_ 2 free luncheon tickets for \_\_\_ Saturday. **The MOA must be notified of the number of tickets needed by Friday, May 1, 2026, so an accurate count can be provided to the hotel.**

To purchase additional Luncheon Ticket(s) - \$25 each:

# \_\_\_ Friday additional ticket(s) AND/OR # \_\_\_ Saturday additional ticket(s) Qty \_\_\_ x \$25 = \$ \_\_\_

Electricity Needed: Yes or No (please circle one). If yes, please remember to bring an extension cord.

## SPONSORSHIP OPTIONS

- MOA Spring Display Table - \$1,000
- Non-Profit Spring Display table - \$500

- Titanium Sponsor w/Breakfast Showcase \$8,000
- Titanium Sponsor w/Lunch Showcase -\$10,000
- Gold Sponsor - \$6,000
- Silver Sponsor - \$4,000

DISPLAY ONLY \$ \_\_\_\_\_ + SPONSORSHIP \$ \_\_\_\_\_ + ADD'L LUNCH TICKET(S) \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

CHECK # \_\_\_\_\_ IF Check enclosed OR mail check to: Michigan Osteopathic Association, Attn: Exhibit Coordinator  
2112 University Park Dr., Ste 100 | Okemos, MI 48864 (Please make checks payable to the Michigan Osteopathic Association)

## CREDIT CARD INFORMATION:

Cardholder name: \_\_\_\_\_

Billing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_ CVV (3 digits) \_\_\_\_\_

Accept Participation: By completion of this form, I am authorized to agree to participate in the indicated activity of the Michigan Osteopathic Association. I commit my company to the above financial obligation. **Payment due: 14 days before the event – Due date: Friday, May 1, 2026.**

**Request for Taxpayer  
 Identification Number and Certification**  
 Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.  <b>MICHIGAN OSTEOPATHIC ASSOCIATION</b></p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor              <input checked="" type="checkbox"/> C corporation              <input type="checkbox"/> S corporation              <input type="checkbox"/> Partnership              <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .  <i>Note:</i> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p align="right"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.  <b>2112 UNIVERSITY PARK DRIVE, STE 100</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code  <b>OKEMOS, MICHIGAN 48864</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
3	8	-	1	2	0	7	6	5	5	

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <i>Marc Staley</i>	Date <i>1/1/2026</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they