

2025 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 a year, Spring, Summer and Autumn. All three welcome osteopathic physicians, residents, students, and other healthcare professionals. The MOA Spring Conference averages 300 – 400 attendees based on last year's numbers.

2025 MOA Annual Spring Conference

May 15, 2025 - May 18, 2025

Somerset Inn

2601 W. Big Beaver Road,

Troy, MI 48084

Webpage: www.domoa.org/Spring

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 15 | 2:00 pm - 6:00 pm (OPTIONAL)

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

Saturday, May 17 | 7:00 am - 6:00 pm

Sunday, May 18 | 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

CONTACT

Cynthia Earles

Senior Integrative Coordinator

2112 University Park Drive, Ste 100,

Okemos, MI 48864

Email cearles@domoa.org

P 517-347-1555 ext. 107 F 517-347-1566

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.

The conference is attended by osteopathic physicians, medical students, and healthcare professionals who wish to engage in an educational and hands-on learning forum.

- Our highly responsive audience includes DOs, MDs, nurses, physician assistants, and practice managers 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 educational aspect of the conferences, providing information on industry trends pertinent to the field of medicine, services, and products.

HOTEL ACCOMMODATIONS

Special group lodging rates are available, just 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

Spring Scientific Research Competition

The MOA hosts an annual Scientific Research Competition at our Spring Conference (Saturday, May 17, 2025, from 7:00 AM – 1:00 PM) that engages students, interns, residents, and faculty, in both poster and oral presentations.

Sponsorship Levels:

- Platinum Sponsor - \$1,250
- Gold Sponsor - \$1,000
- Silver Sponsor - \$750
- Bronze Sponsor - \$500

For questions or further information please contact Staff Person: Melissa Budd Phone: (517) 347-1555 Ext 112 Email: MBudd@domoa.org

SPONSORSHIP OPPORTUNITIES

Titanium Sponsor

Spring - \$8,000

- Product theater (optional)*
- Audiovisual, if required
- Preferred Display Space location and electricity if needed.
- One full-page advertisement in the program, which is distributed in both print and downloadable PDF.
- Homepage slide for two weeks during the conference month on DOMOA.org.
- Banner Ad in two issues of the PULSE during the conference month
- PULSE article highlighting the company/product.
- Logo recognition with hyperlinks on mobile web pages and mobile site
- Social Media mention
- Complimentary list of attendees pre- and post-conference

**Speaker honorarium and expenses not included*

Platinum Sponsor

Spring - \$7,000

- Premium table display location.
- Full page ad in program both print and downloadable PDF
- Homepage slide for two weeks during the conference month on DOMOA.org.
- Banner ad in one issue of the PULSE during conference month
- Logo recognition with hyperlinks on mobile web pages and mobile site

Gold Sponsor

Spring - \$6,000

- Table Display
- One half-page advertisement in the program both print and downloadable PDF
- Banner ad for one week in the conference month on DOMOA.org
- Logo recognition with hyperlinks on mobile web pages and mobile site

Silver Sponsor

Spring - \$5,000

- Table display
 - One half-page advertisement in the program both print & downloadable PDF.
 - Logo recognition with hyperlinks on mobile web pages and mobile site
-

OTHER SPONSORSHIP OPPORTUNITIES

A La Carte Sponsorships:

**Product Theater Morning add \$6,000 (\$14,000)

**Product Theater Afternoon add \$7,000 (\$15,000)

- Co-Sponsor Physician Event - \$1,000 Co-Sponsor Student or Resident Event - \$700
- Evening reception sponsor- \$5,000
- Flier insertion in registration bags - \$500
- Break Sponsor - \$1,000
- Lanyard sponsor featuring logo (sponsor provided) \$500
- Registration bag featuring sponsor logo (sponsor provided) \$500
- Water bottles featuring sponsor logo (sponsor provided) \$300
- Tickets to physician lunches (advance purchase only) \$35 each

**** The cost of the product theater *is in addition* to the Titanium sponsorship amount (\$8,000) and is only available to Titanium Sponsors.**

MOA will cover all costs for food, beverage (no alcohol), and audiovisual equipment, if needed, for the Product Theater.

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 material 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 from changing 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

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 as 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 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 names to the MOA office. Badges will be picked up at the registration counter upon arrival. Exhibitors must wear an MOA badge or their company badge. Badges may only be worn by individuals working an exhibit.

Security

General security is provided by the hotel. After hours, and as always, we recommend that nothing of value be left out after show hours since MOA assumes no responsibility for lost or stolen items.

Electricity

Please let the MOA staff know if you need electricity by completing and returning the attached form by email to cearles@domoa.org. There may be a charge by the hotel, or an extension cord may be necessary. 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 and an exhibitor room layout. MOA will provide exhibitors with unique identifying stickers. Physicians will collect these stickers as proof of visiting exhibitors. Physicians will turn in the completed slips to be entered in prize drawings with winners announced at a designated time

Please contact Cyndi Earles at cearles@domoa.org if you are interested in donating a prize for the drawing. The prize must be received 14 days in advance of the program.

Shipping to the event

MOA requests that any packages be shipped no more than 48 hours prior to the show, due to storage limitations. Please contact 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.



MOA SPRING CONFERENCE EXHIBIT APPLICATION

Thursday, May 15 - Sunday, May 18, 2025 - 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): _____

List of products or services you represent: _____

I PLAN TO EXHIBIT AT THE 2025 MOA Spring Conference

Purchase Luncheon Ticket(s) # _____ of Friday ticket(s) # of _____ Saturday ticket(s) (\$35 each)

Qty _____ x \$35 = \$ _____ Electricity Needed: Yes or No

SPONSORSHIP OPTIONS

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

- Titanium Sponsor - \$8,000
- Platinum Sponsor - \$7,000
- Gold Sponsor - \$6,000
- Silver Sponsor - \$5,000
- Titanium w/Breakfast - \$14,000
- Titanium w/Lunch - \$15,000

TABLE(S) \$ _____ + SPONSORSHIP(S) \$ _____ + LUNCH TICKET(S) \$ _____ = TOTAL \$ _____

Check # _____ IF Check enclosed OR Check will be mailed to: Michigan Osteopathic Association Attn: Exhibitor
2112 University Park Dr., Ste 100 | Okemos, MI
48864

(Please make checks payable to the Michigan Osteopathic Association)

Credit card:

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 event

Request for Taxpayer Identification Number and Certification

Go to 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.	1	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.)		
	2	Business name/disregarded entity name, if different from above. Michigan Osteopathic Association		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
		<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) _____ Note: 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) _____		Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b	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"/>		(Applies to accounts maintained outside the United States.)
	5	Address (number, street, and apt. or suite no.). See instructions. 2112 University Park Drive, Ste 100		Requester's name and address (optional)
	6	City, state, and ZIP code Okemos, MI 48864		
7	List account number(s) here (optional)			

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.

Social security number									
OR									
Employer identification number									
3	8		-	1	2	0	7	6	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.

Sign Here	Signature of U.S. person <i>Mare A Staley</i>	Date <i>12/12/2024</i>
------------------	---	------------------------

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.

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