



Michigan Osteopathic Association

2024 MOA Annual Autumn Conference at the L.V. Eberhard Center
Grand Valley State University, Pew Campus-Downtown, Grand Rapids

Conference Marketing Prospectus



SHOWCASE YOUR BUSINESS TO MICHIGAN PHYSICIANS

The Michigan Osteopathic Association manages three annual conferences that attract over 1,000 attendees including osteopathic physicians, residents, students, and other healthcare professionals.

2024 MOA Annual Autumn Conference

October 25 -October 27, 2024

NEW LOCATION 2024

L.V. Eberhard Center, Grand Valley State University,
301 West Fulton Street, Grand Rapids, MI 49504

Webpage: www.domoa.org/Autumn

ABOUT THE MOA

The Michigan Osteopathic Association (MOA) is the 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 Autumn Conference

L.V. Eberhard Center

Friday, October 25 | 9:00 am - 6:00 pm (OPTIONAL)

Saturday, October 26 | 7:00 am - 6:00 pm

Sunday, October 27 | 7:00 am – 12:00 pm (OPTIONAL)

DISPLAY TABLE ONLY

Spring - \$1,200 Non-Profit - \$600 (verification required)

Display Table Includes:

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

General security

Name recognition in the program

CONTACT

Cynthia Earles

Director, MOA Service Corporation
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 Autumn Conference attracts top osteopathic physicians, medical students, healthcare professionals, and other focused buyers 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 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 J.W. Marriott Grand Rapids (616) 242-1500 or Courtyard by Marriott (616) 242-6000.

MOA STAFF CONTACTS

Exhibitors/Sponsorship

Cyndi Earles (517) 347-1555 Ext 107 or cearles@domoa.org

Advertising

Todd Ross (517) 347-1555 Ext. 120 or tross@domoa.org

Speaker Information

Melissa Budd (517) 347-1555 or mbudd@domoa.org

SPONSORSHIP OPPORTUNITIES

Titanium Sponsor

Spring - \$10,000

- 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 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 page and mobile site
- Social Media mention
- Complimentary list of attendee's pre-conference 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 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 page 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 page 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 page and mobile site

OTHER SPONSORSHIP OPPORTUNITIES

A La Carte Sponsorships:

**Product Theater Morning add \$6,000

**Product Theater Afternoon add \$7,000

- Co-Sponsor Physician Event - \$1,500 Co-Sponsor Student or Resident Event - \$1,000
- Evening reception sponsor- \$5,000
- Flier insertion in registration bags - \$700
- Break Sponsor - \$1,500
- Lanyard sponsor featuring logo (sponsor provided) \$500
- Registration bag featuring sponsor logo (sponsor provided) \$600
- Water bottles featuring sponsor logo (sponsor provided) \$750

*** The cost of product theater is in addition to the sponsorship amount (\$10,000) and is only available to Titanium Sponsors.*

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

Product Theaters are first come, first serve. Due to high demand, a non-refundable deposit of \$1,500 is required to reserve a specific day/time for Product Theaters and will be applied toward the final amount due.

EXHIBITOR BRANDING MATERIALS

Conference sponsor logos, advertisements, etc. will be due 30 days before the event. The MOA strives to accurately present 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 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 on any files that may have issues in print or digital production.

Additional questions on advertising specifications to: Todd Ross, Manager of Communications Michigan Osteopathic Association at 517-347-1555 ext. 120 or tross@domoa.org

EXHIBITING SPECIFICS

Deadline

Reserve your space early as space is limited! Contract and payment are due 14 days before the event.

Refunds

Cancellations within 14 days of the conference will be assessed a \$250 fee, no refunds will be issued after. NOTE: This does not apply to the non-refundable Product Theater deposit .

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. Exhibitor expressly releases 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, please contact the hotel for current rates.

Exhibitor Credentials

COMPANY BADGES MAY BE WORN. Up to two (2) badges per table display will be provided if no company badge is available. The two exhibitor badges must be pre-ordered within 14 days of the event. Badges may be picked up at the event. Exhibitors must wear an MOA badge or their company badge. Badges may only be worn by individuals staffing an exhibit.

Security

General security is provided in the exhibit areas during the show. 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

Electricity is not included but can be arranged through the hotel or resort. Please contact the Director of Catering & Convention Services at the location to arrange electricity or wi-fi or internet.

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 with 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

Helium balloons, popcorn, stickers, combustible material, or any displays larger than six-foot tall/wide. 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.



**MICHIGAN OSTEOPATHIC ASSOCIATION
AUTUMN CONFERENCE**

Friday, October 25 – Sunday, October 27, 2024
L. V. Eberhard Center, Grand Rapids

2112 University Park Dr., Ste 100
Okemos, MI 48864

E cearles@domoa.org www.domoa.org

P (517) 347-1555 ext. 107

F (517) 347-1566

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: _____

List any companies or products you do not wish to have in proximity: _____

I PLAN TO EXHIBIT AT THE 2024 MOA Autumn Conference **MOA TAX ID# 38-1207655**

Purchase Luncheon Ticket(s) # _____ of Friday ticket(s) # of _____ Saturday ticket(s)

(\$30 each) Qty _____ x \$30 = \$ _____ Electricity Needed: Yes or No

SPONSORSHIP OPTIONS

- MOA Autumn Display Table - \$1,200
- Non-Profit Autumn Display table - \$600

- Titanium Sponsor - \$10,000
- Platinum Sponsor - \$8,000
- Gold Sponsor - \$7,000
- Silver Sponsor - \$6,000
- Titanium w/Breakfast - \$16,000
- Titanium w/Lunch - \$17,000

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 and 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

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Michigan Osteopathic Association	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 2112 University Park, Suite 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.

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

Social security number																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> </tr> </table>														-	-	-	-
or																	
Employer identification number																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;">3</td> <td style="width: 25px; height: 25px;">8</td> <td style="width: 25px; height: 25px;">-</td> <td style="width: 25px; height: 25px;">1</td> <td style="width: 25px; height: 25px;">2</td> <td style="width: 25px; height: 25px;">0</td> <td style="width: 25px; height: 25px;">7</td> <td style="width: 25px; height: 25px;">6</td> <td style="width: 25px; height: 25px;">5</td> <td style="width: 25px; height: 25px;">5</td> </tr> </table>	3	8	-	1	2	0	7	6	5	5							
3	8	-	1	2	0	7	6	5	5								

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>Ma a Staley</i>	Date ▶ 10/30/2023
------------------	-----------------------------------------------	-------------------

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.