

# COMMITMENT FORM

Please upload the completed form here: <https://forms.gle/aqGvE9JAJs2H5XW1A>  
 This link uses Google Forms. If you can't access it, email your form to [ddrago@dmsevents.com](mailto:ddrago@dmsevents.com).

**For Questions:**

Diane Drago, Conference Coordinator MAHP Conference  
 Phone: 734-661-9340  
 Email: [ddrago@dmsevents.com](mailto:ddrago@dmsevents.com)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Name and E-mail address of additional person to copy on conference correspondence.

## Medal Partner Level Selection

Please check the appropriate level of your Partnership.

Partnership Level	Non-MAHP Member	MAHP Member
<b>Presenting Partner:</b>	<b>\$20,000</b>	<b>\$18,000</b>
<b>Diamond Partner:</b>	<b>\$14,000</b>	<b>\$12,500</b>
<b>Platinum Partner:</b>	<b>\$9,000</b>	<b>\$8,000</b>
<b>Gold Partner:</b>	<b>\$7,000</b>	<b>\$6,500</b>
<b>Silver Partner:</b>	<b>\$5,500</b>	<b>\$5,000</b>

Exhibit electrical fee @ \$55 (*non-refundable*)

**We are a MAHP Member.**

Not sure if your organization is a member? [Check here.](#)

## Cancellation and Refund Policy

Partners may cancel their participation and receive a refund, less a \$1,500 processing fee, by June 19, 2026. After June 19, Partners may withdraw their participation, but no refunds will be issued.

## Special Opportunities

Check the opportunity you wish to support.

<b>July 23 Awards Lunch Partner:</b>	<b>\$8,500</b>
<b>Kid's Corner Partner:</b>	<b>\$7,000</b>
<b>Breakfast Partner:</b>	<b>\$6,000</b>
July 22	
July 23	
<b>July 23 Coffee Break Partner:</b>	<b>\$5,000<sup>a</sup></b>
<b>Padfolio Partner:</b>	<b>\$5,000<sup>a</sup></b>
<b>Hops and Vines Transportation Partner:</b>	<b>\$4,000<sup>b</sup></b>
<b>Coffee Cup Partner:</b>	<b>\$4,000<sup>b</sup></b>
<b>Water Cup Partner:</b>	<b>\$4,000<sup>b</sup></b>
<b>Directional Floor Stickers Partner:</b>	<b>\$4,000<sup>b</sup></b>
<b>Table Mint Partner:</b>	<b>\$4,000<sup>b</sup></b>
<b>After Hours Partner:</b>	<b>\$4,000<sup>b</sup></b>
<b>Branded App Partner:</b>	<b>\$3,500<sup>c</sup></b>
<b>Branded WiFi Partner:</b>	<b>\$3,500<sup>c</sup></b>
<b>Signature Cocktail Partner:</b>	<b>\$3,000<sup>d</sup></b>

a: Add exhibit @ \$1,000

c: Add exhibit @ \$2,500

b: Add exhibit @ \$2,000

d: Add exhibit @ \$3,000

**TOTAL DUE: \$ \_\_\_\_\_**

## Additional Partner Information

Please respond to each of the following questions as it applies to your Partnership and exhibit.

1. Do you need MAHP to issue a display fee request letter for you to submit to your organization?      Yes      No
2. Do you need MAHP to complete a grant form?      Yes      No
3. Do you need a W-9 form?      Yes      No
4. If you are a Presenting or Diamond Partner, do you want a Partner Showcase application?      Yes      No

*This option will be allocated to 3 organizations who have paid the Partnership fee in full, on a first-come-first-served basis.*

## Exhibitor Information

If you are purchasing a Partnership that includes an exhibit booth, please complete the following information.

Note: The exhibit floor plan will be available for booth selection in late spring.

6. Do you plan to use your booth?      Yes      No      To Be Determined
7. If you answered yes to #6, please also respond to the following.

**NOTE: There is an additional \$55 non-refundable charge per booth for electric.**

- a. Will you need electricity?      Yes      No

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## Payment Information

Check off the opportunity you wish to support on the first page of this form. Payment must be received by June 19.

A check in the amount of \$\_\_\_\_\_ will be mailed. Make checks payable to: MAHP ANNUAL CONFERENCE and mail to Michigan Association of Health Plans, ATTN: Christine Sundell, 327 Seymour Avenue, Lansing, MI 48933.

MAHP Tax ID number: 38-2453500.

Please invoice us at the above address.

Credit card: Pay the Partnership fee directly at <https://DMgtS.regfox.com/2026-mahp-conference-partner-payment>