

2026 Annual Conference Exhibit & Sponsor Prospectus

**Grand Traverse Resort and Spa, Acme, Michigan
May 20 - 22, 2026**

Why Exhibit?

The Michigan HomeCare and Hospice Annual Conference draws a diverse group of decision-makers, including home care agency administrators, financial officers, owners, and clinicians from private, public, and nonprofit sectors. Our conference provides exhibitors with direct access to influential industry leaders across the fields of home health, hospice, palliative care, private duty, HME, and infusion services.



Benefits for Exhibitors



- Non-conflicting exhibition hours to maximize exposure.
- Access to up to 250 home care decision-makers.
- Participation in exhibitor raffles and games to drive booth traffic.
- Multiple networking opportunities, including receptions and luncheons with attendees.
- Recognition in the digital conference program and online.
- Access to attendee mailing lists before and after the event.
- MHHA members to receive two full registrations, including access to educational sessions and networking events.

Exhibitor Pricing

\$100 off Early Bird Discount!

*register before February 6, 2026

Member Rate

\$850

Non Member Rate

\$1400

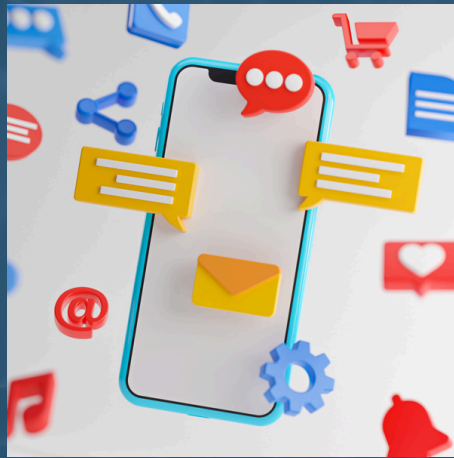
A La Carte Sponsorship Options

Platinum, Gold, and Silver Sponsorships include one exhibit booth, two attendees, sponsor signage at exhibit booth.

Be recognized as a Platinum Sponsor by choosing \$8000 worth of ala cart sponsorships.

You also receive:

- The option to provide remarks at the start of our opening session,
- Dedicated social media posts before and after the conference,
- Name/link/logo on all conference materials,
- Logo displayed at registration, and
- One brochure, flier, or marketing item in the conference tote bags.



Be recognized as a Gold Sponsor by choosing \$6000 worth of ala cart sponsorships.

You also receive:

- Social media posts before the conference,
- Logo displayed at registration,
- Name on the conference website, and
- Booth signage.

Be recognized as a Silver Sponsor by choosing \$4500 worth of ala cart sponsorships.

You also receive:

- Social media posts before the conference,
- Name on the conference website, and
- Booth signage.

A La Carte Sponsorship Options

Wi-Fi Sponsor	\$2,500	Logo on Wi-Fi login pages, tent cards with network details, and branding in attendee materials.
Keynote Speaker Sponsor	\$2,500	Exclusive sponsor of keynote session, with signage and a chance to introduce the speaker. (3 available)
Wednesday Lunch Sponsor	\$5,000	Branding at lunch stations and acknowledgment during meals and opportunity to speak during the luncheon
Awards Luncheon	\$3,500	Branding at lunch stations. (2 available)
Reception Sponsor	\$3,000	Exclusive branding during the conference reception, with a chance to address attendees. (2 available)
Lanyard/Badge Sponsor	\$3,000	Company logo on lanyards and badges worn by all attendees.
Snack Sponsor	\$1,500	Recognition at snack stations and on branded items. (6 available)
Breakout Session Sponsor	\$800	Opportunity to introduce breakout speaker.
Tote Bag Sponsor	\$4,000	Your Company Logo on conference tote bags given all attendees
Weblink	\$150	Company website link on the conference website.
Logo Display	\$500	Company Logo displayed on Large screen on rotation at registration table
Tote Bag Inserts	\$500	Include promotional materials in attendees bags.
Room Key Sponsor	\$3,500	Includes logo on cards that go to all registered resort guests.
Photo Wall Sponsor	\$1,000	Photo wall with logo for attendees to take pictures. (2 available)
Welcome Gift Sponsor	\$1,500	Sponsor provided branded welcome gift at registration desk for attendees. (2 available)

If you have other sponsorship ideas not found on the list above, please let us know.

Sponsorship Application

The Ripple Effect: Evolving Care at Home



General Information

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Sponsorship Selection

☐ Platinum (\$8,000)

All sponsorships include one exhibit booth, two attendees, sponsor signage at exhibit booth.

Be recognized as a Platinum Sponsor by choosing \$8000 worth of ala cart sponsorships. You also receive the option to provide remarks at the start of our opening session, dedicated social media posts before and after the conference, name/link/logo on all conference materials, logo displayed at registration, and one brochure , flier, or marketing item in the conference tote bags.

☐ Gold (\$6,000)

All sponsorships include one exhibit booth, two attendees, sponsor signage at exhibit booth.

Be recognized as a Gold Sponsor by choosing \$6000 worth of ala cart sponsorships. You also receive social media posts before the conference, logo displayed at registration, name on the conference website, and booth signage.

☐ Silver (\$4,500)

All sponsorships include one exhibit booth, two attendees, sponsor signage at exhibit booth.

Be recognized as a Silver Sponsor by choosing \$4500 worth of ala cart sponsorships. You also receive social media posts before the conference, name on the conference website, and booth signage.

Please indicate which a la carte items you'd prefer. Michigan Home Care & Hospice Association will confirm your selections.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Wi-Fi Sponsor | <input type="checkbox"/> Key Note Speaker Sponsor | <input type="checkbox"/> Wednesday Lunch Sponsor | |
| <input type="checkbox"/> Awards Luncheon | <input type="checkbox"/> Reception Sponsor | <input type="checkbox"/> Lanyard/Badge Sponsor | <input type="checkbox"/> Snack Sponsor |
| <input type="checkbox"/> Breakout Session Sponsor | <input type="checkbox"/> Tote Bag Sponsor | <input type="checkbox"/> Web Link | <input type="checkbox"/> Logo Display |
| <input type="checkbox"/> Tote Bag Inserts | <input type="checkbox"/> Room Key Sponsor | <input type="checkbox"/> Photo Wall Sponsor | <input type="checkbox"/> Welcome Gift Sponsor |
| <input type="checkbox"/> Other: _____ | | | |

Application continues on the next page

Sponsorship Application

The Ripple Effect: Evolving Care at Home



MICHIGAN
HomeCare
& Hospice
ASSOCIATION

Payment Method

☐ Check enclosed ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Credit Card No: _____ Exp. Date: _____ CVV: _____

Printed Name: _____ Authorized Signature: _____

Billing Address: _____

Additional Information

PAYMENT AND CANCELLATION POLICY

Payment must accompany each application. Space will not be held until payment is received. Checks should be made payable to "MHHA." Notification of withdrawal must be made in writing and received on or before Friday, March 6, 2026, for a refund of 50% of exhibit fees. No refunds will be made after March 6, 2026.

ELIGIBILITY

Products or services displayed must be related to the home care and hospice industry. All requests to exhibit will be considered. Booths are assigned on a first-come, first-served basis. Full payment and a signed contract must accompany each request to exhibit

EXHIBITOR INFORMATION

Included in registration

- 8' X 10' draped, carpeted booth;
- 2' X 6' skirted table, 2 chairs, wastebasket;
- Company identification sign at booth;
- Tickets for Wednesday & Thursday's Luncheon;
- Two representatives per booth. Additional representatives can attend at \$150.00 each;
- Entrance to educational program for member exhibitors (booth staff only); and,
- A copy of the 2025 Annual Conference attendee list upon request

ELECTRICAL

Electrical is available for a cost of \$80 (20 AMPs) for the two days. Please indicate on the Exhibit Registration form that electrical is needed and forward the payment to the MHHA office, not Grand Traverse Resort and Spa.

SUBLETTING / SHARING SPACE

The subletting or sharing of space is not permitted unless it is between divisions of the same company. Written requests for such arrangement must be approved by the Michigan HomeCare & Hospice Association.

OVERNIGHT ROOM RESERVATIONS

Make your overnight reservations at <https://book.passkey.com/go/MHHA26>.

Book your guest room reservation online today with your arrival and departure dates. **Rates do not include a \$20.95 Resort Fee, 6% state tax, or a 5% city tax.** If you have any issues or if you want to make your reservation by calling 231.534.6001 during normal business hours. Please provide them with the **code of MHHA26** in order to receive our discounted room rate.

Room block **cutoff date is April 19, 2026**. After that date, the room block will go back into the general inventory for the hotel and the \$189 room rates are not guaranteed. The resort requires a deposit of one-nights room rate at the time of booking. The hotel room reservation deposit is refundable, less a \$25 processing fee with notice of cancellation at least 72 hours prior to arrival.



***Book your room at the Grand
Traverse Resort & Spa here!***

LIMITATION OF LIABILITY

The Exhibit Hall will be secured by the Grand Traverse Resort when it is not open, but such service is not a guarantee against loss, damage, or injury of any kind. The exhibiting organization will be responsible for insuring its own property to its full value. Storage of exhibit materials will not be permitted behind booth draping. Michigan HomeCare & Hospice Association (MHHA), its service contractors, the management of the Grand Traverse Resort or any of the officers, staff members or directors of any of the aforesaid parties will not be responsible for any loss, damage, or injury whatsoever or however arising, which may occur to an exhibitor, his/her representative, or to their property or wares, arising from any cause whatsoever prior, during, or subsequent to the period of this exhibit. Each exhibitor, by signing an application to exhibit, expressly understands the Michigan HomeCare & Hospice Association and the Grand Traverse Resort are released from any and all claims for any such loss, damage, or injury. In the event of the failure or inability to fulfill this contract due to war, governmental action or order, act of God, fire, strikes, labor disputes, or any other causes beyond the control of MHHA, the agreement shall be immediately terminated, and in such event the exhibitor shall and does hereby waive any claim to damages or any other recovery.

RAFFLE

The Michigan HomeCare & Hospice Association will sponsor a raffle during the lunch on the afternoon of **Thursday, May 21st**. Vendors are encouraged to provide items for the raffle. Raffles must be open to everyone attending the 2026 Conference. Exhibit representatives should bring their raffle prize to the MHHA registration desk **before 12:15 p.m. on Thursday, May 21, 2026**. Please see your exhibitor kit and onsite registration packet for additional information. Completed game cards will be used for ALL raffle drawings.

MUSIC

The use of live or recorded music is not permitted in the exhibit hall.

ADDITIONAL EXPOSURE


Receive added exposure for non-member vendors by purchasing a link on the MHHA webpage for an **additional fee of \$150.00**. MHHA will provide a direct link to your organization’s webpage. MHHA Members receive this link complimentary or purchase of a sponsorship (see sponsor page earlier in prospectus).

AT YOUR SERVICE

Michigan HomeCare & Hospice Association
Cindy Thelen, Director of Membership Services
317 S. Elm Street, #213, Owosso, MI 48867

 517.349.8090  cindy@mha.org

Grand Traverse Resort & Spa
MHHA Conference Services Manager
100 Grand Traverse Village Blvd., Acme, MI 49610

 800.748.0303



PAYMENTS

All payments for Exhibitor/Sponsorship Opportunities should be made payable to:
Michigan HomeCare & Hospice Association (MHHA)
317 S. Elm, #213
Owosso, MI 48867

EXHIBIT HALL HOURS

Tuesday, May 19, 2026

Pre Registration/Conference Materials Pickup
7 p.m. – 8:30 p.m.

Wednesday, May 20, 2026

Registration 7:00 a.m.
Booth Installation 10:00 a.m. – 3:30 p.m.
Opening Reception 4:15 p.m. – 6:00 p.m.

Thursday, May 21, 2026

Continental Breakfast 7:15 a.m. – 8:00 a.m.
Exhibit Hall Break 9:30 a.m. – 10:15 a.m.
Exhibit Marketplace 11:45 a.m. – 12:30 p.m.
Luncheon/Raffle 12:30 p.m. – 2:00 p.m.
Booth Dismantle 12:30 p.m. – 3:30 p.m.

BOOTH STAFFING

All representatives of exhibiting organizations must check in at the exhibit hall registration desk before setting up their exhibits. Exhibit booths must be staffed during all exhibit hours by authorized employees of the exhibiting company who are able to explain or demonstrate the products or services on display. Each representative of an exhibiting company must wear an official conference name badge at all times while in the exhibit area. Orders may be taken, but direct selling is prohibited. Exhibitors may not tear down or move materials during open exhibit hours. Exhibits must be removed by 3:30 p.m. on Thursday, May 21, 2026. It is expected that violators of this contract will respond to request for correction. Dismissal from the exhibit hall may result from violation of this contract as determined solely by MHHA or by the rules and regulations of the Grand Traverse Resort. In the event of such eviction, MHHA is not liable for any refunds of exhibition expenses.



SAFETY REGULATIONS

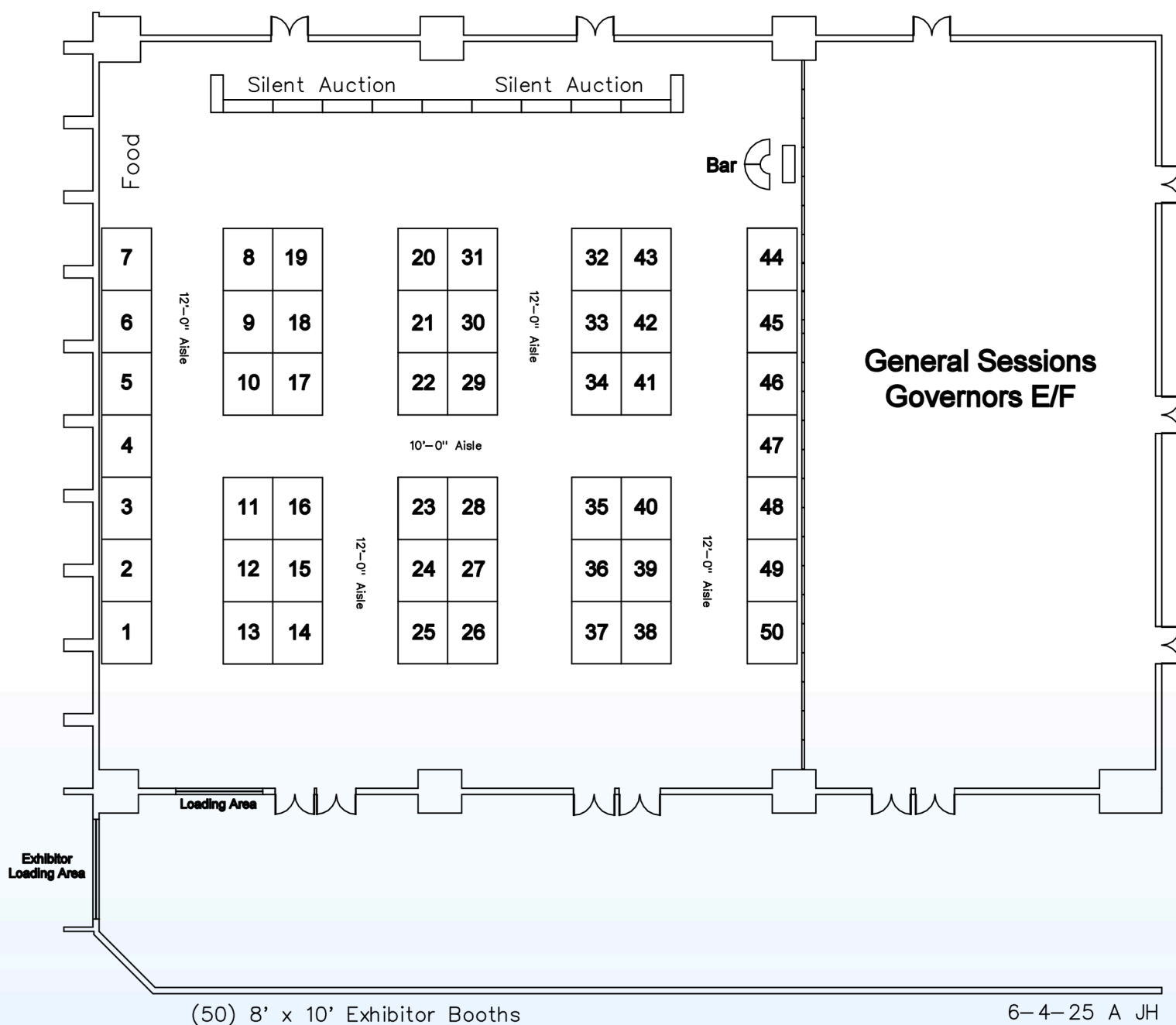
Exhibits must be completely contained within the booth, items extending into the aisle will be moved or removed by the show management. Exhibits must abide by all laws, ordinances, and regulations pertaining to health, fire prevention, and public safety affecting participation in the exhibit hall.

CONTRACT

These official rules and regulations together with the Exhibit Application and Contract and the confirmation of assignment constitute the entire agreement for the right to use the space allotted. No verbal understanding will be recognized by MHHA.

2026 MHHA Annual Conference Floor Plan

May 20-22, 2026 Grand Traverse Resort - Governors Hall



2026 Exhibitor Application & Contract

General Information

Company Name (this will appear at your booth): _____

Address: _____ Website: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Email: _____

Phone: _____ Fax: _____

Two Representatives Staffing Booth

Rep 1 Name: _____ Rep 1 Email: _____

Rep 2 Name: _____ Rep 2 Email: _____

Additional Representatives (\$150)

Rep 3 Name: _____ Rep 3 Email: _____

Rep 4 Name: _____ Rep 4 Email: _____

List companies you do not wish to be placed near (MHHA does not guarantee this accommodation):

Products & Services to be exhibited:

Booth # Preference

1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

Application continues on the next page

Please complete this form and return with payment to MHHA, 317 S. Elm Street, #213, Owosso, MI 48867. Application with credit card payment may be faxed to **517.349.8090** or by going to **www.mhha.org** to register and make payment online.

2026 Exhibitor Application & Contract

Total Payment

Booth(s): \$ _____ Additional Reps: \$ _____

Weblink: \$ _____ Electrical/Phone: \$ _____

Amount Enclosed: \$ _____

Payment Method

☐ Check enclosed ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Credit Card No: _____ Exp. Date: _____ CVV: _____

Printed Name: _____ Authorized Signature: _____

Billing Address: _____

All Contracts require a signature. Please read rules and regulations before signing. I have thoroughly read this prospectus, and agree to comply with all rules and regulations contained within this document.

Signature: _____ Date: _____



**Scan to register for the 2026
Annual Conference!**

Please complete this form and return with payment to MHHA, 317 S. Elm Street, #213, Owosso, MI 48867. Application with credit card payment may be faxed to **517.349.8090** or by going to www.mhha.org to register and make payment online.

MICHIGAN HOMECARE AND HOSPICE ASSOCIATION

PARTNER MEMBERSHIP APPLICATION

To be eligible to join in the Partner Member category, your organization must qualify according to the by-laws definition:

Partner Membership: Businesses that provide goods or services to home care industry providers but do not provide goods and services directly to the end users are eligible as Partner members. Partner members may also be local, regional and national associations that have an interest in home care delivery in the state of Michigan, but do not directly provide that care. Holding companies and organizations formed to provide group contracting and/or services for a coalition of home care industry service providers are ineligible for membership. The Board of Directors shall determine whether any applicant shall be denied membership on the basis of this provision. Each Partner membership shall have one vote in association elections. There will be two Board of Directors seat reserved for Partner members and no more than two seats regardless of the number of Partner members. The Partner representative of the Board of Directors shall not hold office.

Please note: Organizations that sell home care products or services to patients are ineligible as partner members, but may qualify as Provider Members.

Your Partner membership fee entitles your organization to select **ONE** service line membership reflecting your interests. Employees of your organization are permitted to participate only on the committees associated with the selected service line, and your organization will receive monthly mailings pertaining to only the selected service line. If your organization has an interest in other service lines, you may select additional service line memberships by paying an additional \$500 per selection. All members are welcome to participate on the Public Policy Committee and may attend any workshop offered, regardless of the service line selected.

Partner Membership Benefits:

- Discounts on registrations at all workshops and conferences;
- Monthly **Newsletter**;
- Opportunities to join and participate in Committees within your selected service line;
- Membership on the Public Policy Committee;
- Discounts on publications, videos and other resources;
- Recognition as a supporter of MHHA; and much more!

Membership in the Association increases your networking opportunities through contact with other members.

*****The membership year is one year from the date of this approval*****

(Return to Michigan HomeCare and Hospice Association, 317 S. Elm Street, #213, Owosso, MI 48867)

Application continues on the next page

PARTNER MEMBERSHIP APPLICATION

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Counties Served: _____

Chief Executive Officer (CEO): _____

CEO E-Mail: _____

Contact Person: _____

Contact E-Mail: _____

Voting Member: _____

We are selecting the following service line(s):

☐ Certified Home Health ☐ Hospice ☐ Palliative Care ☐ Private Duty ☐ HME

Consulting/Products:

☐ Accounting ☐ Accreditation ☐ Billing/Coding ☐ Clinical ☐ Consultants
☐ Drug/Alcohol/Lab Testing ☐ Education ☐ Financial Services ☐ Fleet Management
☐ Human Resource/Payroll ☐ Insurance ☐ Information Technology & Systems ☐ Legal
☐ Management ☐ Marketing ☐ Medical Supplies ☐ Merger/Acquisitions ☐ Mortuary/Funeral
Homes
☐ Mobility ☐ Office Supplies ☐ Personal Emergency Response Systems
☐ Pharmaceutical ☐ Software & Support ☐ Staffing ☐ Technology ☐ Telecommunications
☐ Telehealth ☐ Therapy Services ☐ Transportation ☐ Other: _____

Partner Membership Annual Dues is \$500 per Service Line Selected

Payment Method

☐ Check enclosed ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Credit Card No: _____ Exp. Date: _____ CVV: _____

Printed Name: _____ Authorized Signature: _____

I certify that all information contained in this application is correct and valid to the best of my knowledge. I further certify that I have read the Michigan HomeCare and Hospice Association's Code of Ethics and Article III Membership Insert and pledge that this organization understands and will adhere to the Code of Ethics. I further certify that I have read the bylaws definition of Associate Member, stated above, and verify that my organization qualifies as an Associated Member.

Signature: _____ **Date:** _____