



MICHIGAN
**HomeCare
& Hospice**
ASSOCIATION

2025

Annual Conference & Exhibition Prospectus



May 06-08, 2025
Tuesday–Thursday



Radisson of Kalamazoo
100 W Michigan Ave, Kalamazoo, MI 49007



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 conferences provide 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 conference program and online.
- » Access to **attendee mailing lists** before and after the event.
- » MMHA members receive **two full registrations**, including access to educational sessions and networking events.



\$100 off*

Early Bird Discount

Exhibit Pricing

Member Price

\$820

Non-Member Price

\$1,385

*If registered before 02/09/2025





Sponsorship Packages

	Platinum	Gold	Silver
Cost	\$8,000	\$6,000	\$4,500
Booth Space	Two 8'x10' booths	One 8'x10' booth	One 8'x10' booth
Full Registrations	4	3	2
Opening Remarks	✓		
Logo Display	Logo on all event materials, on-site signage, and 70" screen at registration table	Logo on all event materials, on-site signage, and 70" screen at registration table	Logo on all event materials, on-site signage, and 70" screen at registration table
Conference Game Participation	✓	✓	✓
Social Media Promotion	Dedicated posts before & during the conference	Social media posts	Social media mentions
Web Presence	Name, link to website, and recognition on conference website, conference emails, and registration page	Name and recognition on conference website	Name and recognition on conference website
Newsletter Recognition	✓	✓	
Name Badge Sponsorship Recognition	✓	✓	✓
Printed Materials Distribution	One brochure, flier, or marketing item		
Educational Breakout Sponsorships	Two of your choice	One of your choice	
Booth Sponsorship Signage	✓	✓	✓
Conference Program Recognition	✓	✓	✓
Special Recognition in Event Promotional Materials	✓	✓	✓





A La Carte Sponsorship Options

Item	Price	Description
Keynote Speaker Sponsor	\$6,000	Exclusive sponsor of keynote session, with signage and a chance to introduce the speaker.
Reception Sponsor <i>Two available</i>	\$5,000	Exclusive branding during the conference reception, with a chance to address attendees.
Lunch Sponsor	\$5,000	Branding at lunch stations and opportunity to address attendees at lunch for five minutes, your logo displayed on digital podium during lunch.
Awards Luncheon <i>Two available</i>	\$4,500	Branding at lunch stations and opportunity to address attendees at lunch for five minutes, your logo displayed on digital podium during lunch.
Tote Bag	\$4,500	Your company logo on conference tote bags given to all attendees.
Lanyard/Badge Sponsor	\$4,000	Company logo on lanyards and badges worn by all attendees.
Snack Sponsor	\$2,500	Recognition at snack stations and on branded items.
WiFi Sponsor	\$1,500	Company name as dedicated WIFI password and displayed on WiFi cards throughout the conference.
Breakout Session Sponsor	\$1,000	Opportunity to introduce breakout speaker.
Tote Bag Inserts	\$500	Include promotional materials in attendee tote bags.
Logo Display	\$500	Company logo displayed on 70" screen, on rotation, at registration table.
Web Link	\$150	Company website link on the conference website.





Additional Exhibit Information

PAYMENT & CANCELLATION POLICY

Payment must accompany each application. Space will not be held until payment is received. Checks should be made payable to “**MHHA**” and mailed to **2140 University Park Drive, Suite 220 Okemos, MI 48864**. Notification of withdrawal must be made in writing and received on or before **Friday, March 7, 2025**, for a refund of 50% of exhibit fees. No refunds will be made after **March 7, 2025**.

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.

OVERNIGHT ROOM RESERVATIONS

Make your overnight reservations at <https://www.choicehotels.com/reservations/groups/G9633092>. Book your guest room reservation on-line today with your arrival and departure dates. Rates **do not** include 6% state tax, 5% city tax, or parking.

If having any issues, please call [\(269\) 343-3333](tel:2693433333) during normal business hours. Room block cut off date is **April 14, 2025**. After that date, the **\$169** room rates are not guaranteed.

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).
- » A copy of the 2024 Annual Conference attendee list upon request.



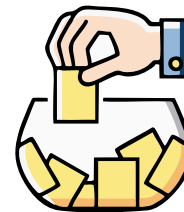
Scan to Reserve a Room at the
Radisson Plaza Hotel



RAFFLE DRAWING

Wednesday, May 7, 2025

The Michigan HomeCare & Hospice Association will sponsor a raffle during the lunch on the afternoon of **Wednesday, May 7, 2025**. Vendors are encouraged to provide items for the raffle. Raffles must be open to everyone attending the 2025 Conference (can not include alcohol). Exhibit representatives should bring their raffle prize to the MHHA registration desk **before 12:15 p.m. on Wednesday, May 7, 2025**. Please see your exhibitor kit and on-site registration packet for additional information. Completed game cards will be used for ALL raffle drawings.



SUBLETTING/SHARING OF 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.

ADDITIONAL EXPOSURE

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

MUSIC

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

Limitation of Liability

The Exhibit Hall will be secured by the Radisson in Kalamazoo 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 Radisson of Kalamazoo 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 Radisson of Kalamazoo 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.

ELECTRICAL/PHONE LINES

Electrical is available for a cost of **\$25.00 (208 V)** per day (\$50 for the two days) or **\$15.00 (110 V)** per day (\$30.00 for two days).

Please indicate on the Exhibit Registration form that electrical is needed and forward the payment to the MHHA office, not Radisson of Kalamazoo.

Additional charges will apply if services are not requested before the conference date. If additional services are required (phone, internet etc.), those are also on the enclosed form.

Option 1

\$25/day (208 V)

Option 2

\$15/day (110 V)

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 pm on Wednesday, May 7, 2025**. 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 Radisson of Kalamazoo. 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.

AT YOUR SERVICE

MHHA

Cindy Thelen

Director of Membership Services

2140 University Park Drive, Suite 220,
Okemos, MI 48864

Phone (517) 349-8089 x1

Fax (517) 349-8090

Email cindy@mhha.org

Radisson of Kalamazoo

MHHA Conference Services Manager

Radisson of Kalamazoo

100 W. Michigan Ave.,
Kalamazoo, MI 49007

Phone (269) 343-3333





Exhibit Hall Hours

Monday, May 05, 2025

Board Welcoming Reception	7:00 pm—8:30 pm
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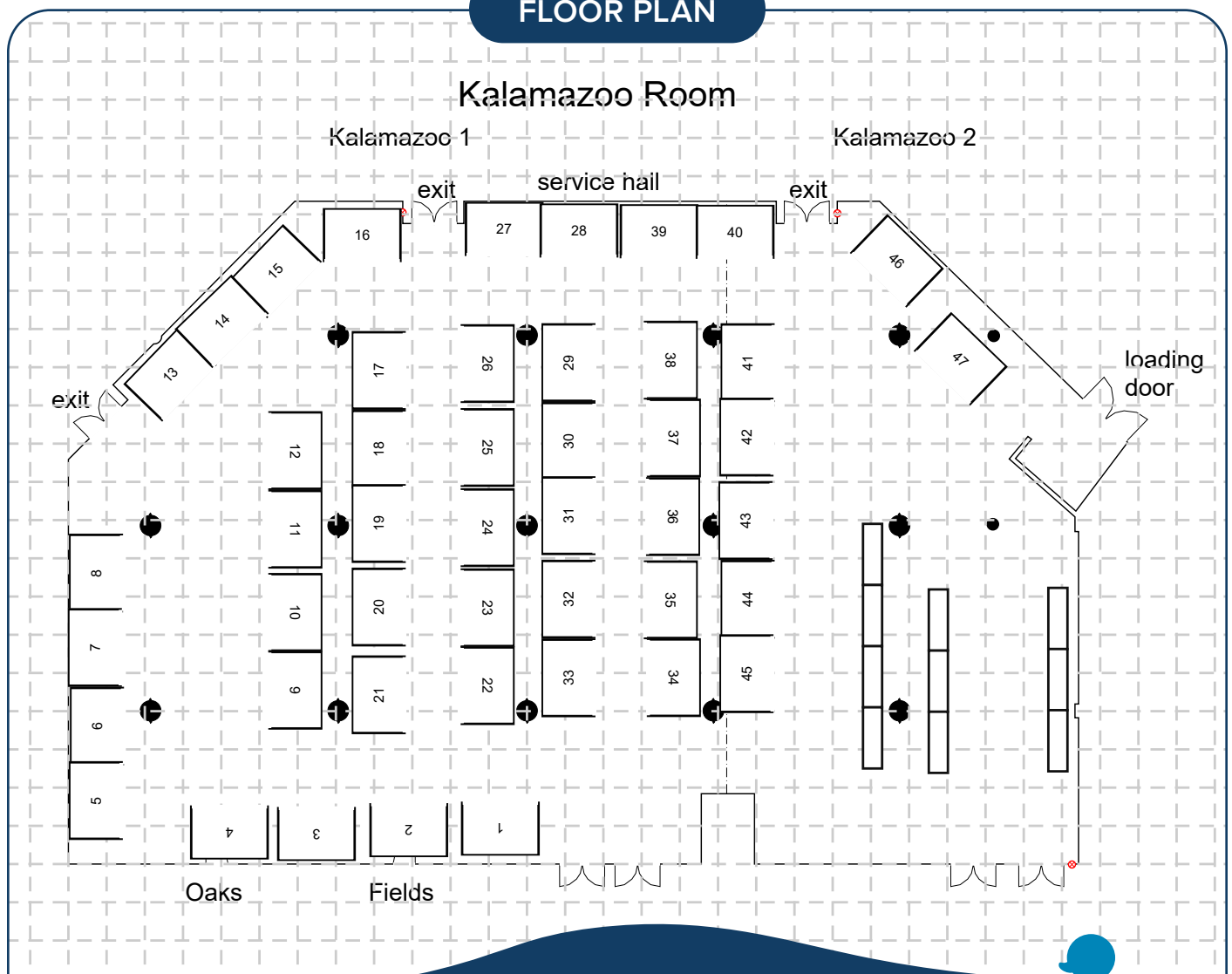
Tuesday, May 06, 2025

Registration	7:00 am
Booth Installation	10:00 am—3:30 pm
Opening Reception	4:30 pm—7:00 pm

Wednesday, May 07, 2025

Continental Breakfast	7:15 am—8:00 am
Exhibit Hall Break	9:30 am—10:15 am
Exhibit Marketplace	11:45 am—12:30 pm
Luncheon/Raffle	12:30 pm—2:00 pm
Booth Dismantle	12:30 pm—3:30 pm

FLOOR PLAN



2025 Exhibitor Application & Contract

Please complete this form and return with payment to **MHHA, 2140 University Park Drive, Suite 220, Okemos, MI 48864**. Application with credit card payment may be faxed to [\(517\) 349-8090](tel:5173498090) or by going to www.mhha.org to register and make payment online.



Annual Conference
Registration

General Information

Company Name (This will appear on 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 each)

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: _____ 2nd: _____ 3rd: _____ 4th: _____

Application continues on next page...

2025 Exhibitor Application & Contract cont.

Please complete this form and return with payment to **MHHA, 2140 University Park Drive, Suite 220, Okemos, MI 48864**. Application with credit card payment may be faxed to [\(517\) 349-8090](tel:5173498090) or by going to www.mhha.org to register and make payment online.

Total Payment

Booth(s): \$	Additional Reps: \$
Web Link: \$	Electrical/Phone: \$
Internet: \$	Amount Enclosed: \$

Payment Method

☐ Check enclosed ☐ Visa ☐ MasterCard ☐ Discover ☐ 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:
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Get Your Ducks in a Row Sponsorship Application



2025 Annual Conference
Registration

General Information

Company Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Fax: _____

Sponsorship of: _____

Sponsorship Selection

☐ Platinum (\$8,000)

Two booths, 4 registrations, opening remarks, logo display, name, link to website, & recognition on conference website, conference emails, & registration page, dedicated social posts before & during the conference, newsletter recognition, two educational breakouts, printed materials +

☐ Gold (\$6,000)

One booth, three registrations, logo display, social media posts, name and recognition on conference website, newsletter recognition, one educational breakout.

☐ Silver (\$4,500)

One booth, two registrations, logo display, social media mentions, name and recognition on conference website.

Payment Method

☐ Check enclosed

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Credit Card No: _____

Exp. Date: _____

CVV: _____

Printed Name: _____

Authorized Signature: _____

Billing Address: _____

Thank you for your support!

Please complete this page and mail or fax along with payment, **by March 15, 2025** to:

Michigan HomeCare & Hospice Association
ATTN: Cindy Thelen

2140 University Park Drive, Suite 220, Okemos,
Michigan 48864

Fax (517) 349-8090

MHHA Associate Membership Application

Membership Eligibility

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

Associate 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 Associate members. Associate 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 associate membership shall have one vote in association elections.

Please note: Organizations that sell home care products or services to patients (end users) are ineligible as Associate members, but may qualify as a regular Service Line Member.

Information & Benefits

Your Associate 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 MHHA members are welcome to participate on the Public Policy Committee and may attend any workshop offered, regardless of the service line selected.

Associate Membership Benefits

- » Discounts on registrations at all MHHA workshops and conferences
- » Monthly Bulletin Board Newsletter
- » Opportunities to join & participate in MHHA Committees within selected service line
- » Membership on the Public Policy Committee
- » Home Care Advocacy representation at the state and national levels
- » Discounts on publications and videos
- » Recognition as a supporter of MHHA and much more!

Membership in the Association increases your networking opportunities through contact with other MHHA members. The MHHA membership year **runs one year** from date of application.

Application on next page...

MHHA Associate Membership Application cont.

General Information

☐ New Member

☐ Renewal

Organization Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Fax: _____

Counties Served: _____

CEO Name: _____

CEO Email: _____

Contact Name: _____

Contact Email: _____

Voting Member: _____

We are selecting the following service line(s):

☐ Certified Home Health

☐ Hospice

☐ Private Duty

☐ Palliative

☐ HME/Infusion Pharmacy

Consulting/Products:

☐ Accreditation

☐ Billing

☐ Clinical

☐ Financial

☐ Management

☐ IT/Information Systems

☐ Legal

☐ Insurance

☐ Medical Supplies

Other: _____

Associate Membership (\$500 Annual Dues)

Per Service Line Selected Payment Method:

☐ Enclosed is our check payable to the Michigan HomeCare & Hospice Association (MHHA)

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Credit Card No: _____

Exp. Date: _____

CVV: _____

Printed Name: _____

Authorized Signature: _____

I understand that by providing my mailing address, e-mail, telephone and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Michigan HomeCare & Hospice Association solely via regular mail, e-mail, telephone and fax. I also 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 & Hospice Association 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, and verify that my organization qualifies as an Associate Member.

Signature: _____

Date: _____