

2019

# Sponsorship Prospectus

**Michigan Chapter - The National Association of  
Directors of Nursing Administration in Long-Term Care**

*Education Professionally Managed by:*  
Health Care Association of Michigan  
7413 Westshire Dr., Lansing, MI 48917  
Phone: 517-627-1561  
Fax: 517-627-3016





## OUR PROFILE

NADONA has been the leading advocate and educational organization for DONs, ADONs and Nurse Leaders in long-term and post-acute care since 1986. With 32 state chapters, it continues to be the largest organization representing nurses working in long-term and post-acute care settings. The Michigan Chapter of NADONA has over 200 members throughout the state of Michigan and is the leading organization for DONs, ADONs, and Nurse Leaders in long-term and post-acute care.

## OUR AUDIENCE

Each year, the MI-NADONA/LTC Annual Convocation & Expo brings together approximately 250 Director of Nursing, Nurse Managers, Unit/Charge Nurses, and Corporate Clinical Consultants from skilled nursing/post-acute care facilities across the state of Michigan.

## EVENT MANAGER

The Health Care Association of Michigan (HCAM) is honored to be the exclusive event manager for the MI-NADONA/LTC, including the Annual Vendor Expo Show.

## WHY SPONSOR?

**Provide solutions to and develop long-term mutually beneficial relationships with long-term care professionals.**

**Establish hundreds of highly qualified sales leads in just one day!**

**Increase your brand awareness and public awareness. Attendees are actively seeking new products that will help them stay at the forefront of their field.**

**Put your product or service in front of the industry's most influential leaders to maximize marketing dollars and ROI.**

**Analyze the competition.**

**Strengthen your business relationships with valuable customer feedback.**

## CONTACT US

Mary Gettel, Director of Education | [MaryGettel@hcam.org](mailto:MaryGettel@hcam.org)  
Kisti Boatright, Education Specialist | [KistiBoatright@hcam.org](mailto:KistiBoatright@hcam.org)

# AVAILABLE SPONSORSHIP OPPORTUNITIES

## All Sponsorship Packages Include:

- Company logo on professional signage on-site
- Acknowledgement during opening & closing remarks
- Discounted pricing on conference registration fees
- Pre-event & post-event attendee list.  
Please note due to continuing education regulations, these lists will only include name, title, and facility of participants, and are also limited to those participants who opt-in to share their information with vendors/partners.

## 2019 MI-NADONA/LTC ANNUAL CONVOCATION

Sponsorship Opportunities Available

SPONSORSHIP DESCRIPTION	PRICE
<p><b>Nurse Gift Sponsor</b> <i>[limited to one sponsor]:</i> Sponsor the special gift provided to attendees - gift TBD by the NADONA Board. <i>Additional Package Inclusions:</i> One complimentary registration to the evening networking event only.</p>	\$6,000
<p><b>Registration Brochure Sponsor</b> <i>[limited to one sponsor]:</i> Sponsor the Convocation Registration Brochure mailed in hard copy and electronically to all members. <i>Additional Package Inclusions:</i> 4-color, full-page inside front cover ad within the registration brochure and one complimentary registration to the evening networking event only.</p>	\$5,000
<p><b>Hosted Evening Networking Event Sponsor:</b> The evening networking event on Oct. 24 from 7:30-10:30 pm EST will feature two hours of hosted premium bar and heavy appetizers. <i>Additional Package Inclusions:</i> One complimentary registration to the evening networking event only.</p>	\$4,000
<p><b>Lanyards Sponsor</b> <i>[limited to one sponsor]:</i> Sponsor the lanyard provided at registration to all attendees. MI-NADONA/LTC will purchase lanyards on your behalf with your company logo on them.</p>	\$3,500
<p><b>Attendee Hotel Room Gift Delivery Sponsor</b> <i>[limited to one sponsor each night]:</i> Sponsor will have the opportunity for a gift or item of their choice (at their own cost) to be delivered to each attendee's hotel room (if they are staying at the hotel). MI-NADONA/LTC will coordinate the gifts/items to be delivered by the hotel with the sponsor. Sponsor to select either the evening of Oct. 23 or Oct. 24.</p>	\$3,000
<p><b>Headshot Sponsor</b> <i>[limited to one sponsor]:</i> NEW! MI-NADONA/LTC will be providing a space and photographer for our members to receive complimentary professional headshots on-site.</p>	\$2,750
<p><b>Awards &amp; Recognition Luncheon Sponsor:</b> Sponsor the Awards &amp; Recognition Luncheon honoring this year's award recipients. This event is our most highly-attended event of Convocation.</p>	\$2,500
<p><b>Attendee Candy Station Sponsor</b> <i>[limited to one sponsor]:</i> Sponsor our ever-popular candy station - refueling our nurses with chocolate and sweets in the common area.</p>	\$2,250
<p><b>Attendee Charging Station Sponsor</b> <i>[limited to one sponsor]:</i> Sponsor our ever-popular charging station for mobile devices in the common area.</p>	\$2,000
<p><b>Conference Lounge Sponsor:</b> Sponsor the soft seating/lounge area for attendees.</p>	\$2,000
<p><b>Decompression Room Sponsor:</b> Sponsor the Decompression Room (featuring soft seating, soothing music, coloring books, etc).</p>	\$2,000
<p><b>Keynote Sponsor:</b> Sponsor one of the keynote presenters during the conference.</p>	\$1,750
<p><b>Educational Breakout Sponsor:</b> Sponsor one of the concurrent educational breakout sessions.</p>	\$1,500
<p><b>Breakfast Sponsor:</b> Sponsor one of the breakfasts during the conference.</p>	\$1,500
<p><b>Refreshments Sponsor:</b> Sponsor the refreshments for attendees throughout the event.</p>	\$750
<p><b>General Conference Sponsor:</b> Provide a general conference sponsorship. Minimum sponsorship of \$500.</p>	min. \$500

# TERMS & CONDITIONS

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## Submission of Agreement

Submit your completed Sponsorship Agreement along with your payment to:

**Health Care Association of Michigan  
Attention: Mary Gettel – Director of Education  
7413 Westshire Drive  
Lansing, MI 48917**

Agreements may be faxed to (517) 627-3016. Agreements without credit card information can be emailed to [MaryGettel@hcam.org](mailto:MaryGettel@hcam.org). It is against HCAM policy to accept any documents with credit card information via email to maintain PCI compliance and avoid card data breaches.

## Payment Terms

In order to lock in your selected sponsorships, payment in full must accompany your agreement or be received within 2 weeks of receipt of agreement. Sponsorship agreements without accompanying payment will not be considered final and in effect until payment is received by HCAM. If payment is not received in 2 weeks of agreement receipt date, the sponsorship opportunity will become available to other interested sponsors.

Payments may be made by check, ACH or credit card. If you prefer to be invoiced, please provide the name and email address of the person who should receive the electronic invoice.

## Cancellation and Refunds

If the event is cancelled for any reason beyond HCAM's control, HCAM will not be held liable for any expenses already incurred by the sponsor. If HCAM cancels the event for any reason, the sponsor will be offered other sponsorship opportunities. If it is deemed by both parties that no other viable sponsorship is available, the sponsorship will be refunded less any costs for merchandise purchased by HCAM that contains the logo of the sponsor (example, logo lanyards).

## Use of Association Logo and Endorsement Statements

HCAM & MI-NADONA/LTC are committed to our sponsors and encourage you to share your participation as a sponsor at MI-NADONA/LTC and HCAM events. However, any statements indicating MI-NADONA/LTC or HCAM endorses your organization are strictly prohibited.

## General Conduct of Sponsors

In the interest of the success of the entire event, sponsors agree not to extend invitations, call meetings, host events, or otherwise encourage the absence of attendees or exhibitors from the meeting during the official hours of the event including education sessions, exhibit show hours, and networking events.

## Attendee List

Due to privacy laws HCAM cannot provide attendees lists that include anything more than name, title and facility. Lists will include only the names of attendees who opt-in to having their name included on attendance lists.

# 2019 SPONSORSHIP AGREEMENT

## Sponsorship Selection(s):

Nurse Gift: \$6,000

Headshot Lounge: \$2,750

Keynote: \$1,750

Registration Brochure  
Ad: \$5,000

Awards Luncheon: \$2,500

Breakout: \$1,500

Hosted Evening  
Networking Event: \$4,000

Candy Station: \$2,250

Attendee Breakfast: \$1,500

Lanyards: \$3,500

Charging Station: \$2,000

Refreshments: \$750

Hotel Room Delivery:  
\$3,000

Lounge Sponsor: \$2,000

General Conference Sponsor  
**Your contribution (min \$500):**

Decompression Room: \$2,000

**Total Amount Due:** \_\_\_\_\_

## Company Information

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Company City/State/Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

## Payment Options

Payment Authorization:

I would like to pay directly  
via Check, or Credit  
Card provided below.

I would like to pay via Electronic Invoice with online payment of card or ACH.  
(When choosing this method, you will receive your invoice via email with a link  
to pay your bill online. Payment must be submitted within 2 business days of  
receiving your electronic invoice.)

Payment Method:

Note: A 3% processing fee will be assessed on all credit  
card transactions greater than \$2,500. ACH and check  
payments can be made with no fee.

Check Payable to "HCAM"

Visa

AMEX

Mastercard

Discover

## Credit Card Payment Information

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Three-digit Security Code (CVC): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature & Date: \_\_\_\_\_

## Signature of Approval

*By checking this box, I acknowledge that I have reviewed this Sponsorship Prospectus in full and agree to abide by all stated terms and conditions. I am acknowledging that this agreement will not be officially accepted until payment is complete. Also, I am stating that I am an authorized representative on behalf of my company with decision-making authority to sign this application as this contract is a legally binding agreement between HCAM, MI-NADONA/LTC and the company I represent.*

Signature & Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_