



2019 Fall Conference Sponsor & Vendor Mail-In Registration Form
October 16 • Laurel Manor, Livonia

Contact Information – Please Print

Company/Organization: _____

Contact: _____

Address: _____

City/State/Zip: _____ **Phone:** () _____ - _____

Email: _____

Exhibitor & Sponsorship Options		
Gold Exhibitor	Cost: \$1,000 - Members Only *email office with digital logo and company description for brochure	Company Representatives
		1. _____ 2. _____
General Exhibitor	Check one: <input type="checkbox"/> MSIA Member Discount ___ 2 Attendees \$500 ___ 3 Attendees \$600 ___ 4 Attendees \$700 <input type="checkbox"/> Non-Members ___ 2 Attendees \$800 ___ 3 Attendees \$900 ___ 4 Attendees \$1000	1. _____ 2. _____ 3. _____ 4. _____
Sponsorships	Check one: <input type="checkbox"/> Breakfast \$1,000 <input type="checkbox"/> CEU Credit \$250 <input type="checkbox"/> Lunch \$1,500 <input type="checkbox"/> Notepads \$250 <input type="checkbox"/> Reception \$1,500 <input type="checkbox"/> Beverage Station \$500	Amount Due \$ _____

Payment

Please make check payable to “MSIA” and mail to office address listed above. You will receive an email confirmation with your assigned booth number after payment is received. Please contact our office with questions.

Phone: 517.267.3901
Email: events@michselfinsurers.org.

Federal ID #: 23-7162592

Exhibitor Agreement

Exhibitor agrees to carry and maintain and provide evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising from Exhibitor’s booth.

Exhibitor shall indemnify, defend and hold harmless the Michigan Self Insurers’ Association and Hotels and their officers, agents, members, and employees from all demands, claims, loss, and damage to persons or property arising out of or caused by Exhibitor’s negligence in connection with their Booth and conference participation.

_____ Date

Authorized Signature