

Midwest Emergency Medicine Winter Symposium
January 25-28, 2024
Mountain Grand Lodge, Boyne Mountain



MICHIGAN COLLEGE OF
EMERGENCY PHYSICIANS

**MCEP WILL ACCEPT THE FIRST 16 SPONSORSHIP APPLICATIONS
FOR THIS MEETING DUE TO SPACE RESTRICTIONS.**

Please complete this form early to ensure your spot is reserved. Originals can be sent to:

Michigan College of Emergency Physicians
6647 West St. Joseph Hwy.
Lansing, Michigan 48917
Phone: (517) 327-5700 FAX: (517) 327-7530 mcep@mcep.org

The undersigned hereby wishes to provide funding for the Midwest Winter Symposium.

Company Name

(As it is to appear in Program Materials): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Confirmation and other Program information should be sent to:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Names of Representatives to be present:

We are interested in the following options at the MCEP Symposium:

☐ **Corporate Gold Sponsorship**
\$2,500

☐ **Evening Reception**
2 @ \$1,000

☐ **EXHIBIT BOOTH**
\$1,000 – Before December 31, 2023
\$1,200 – After December 31, 2023

☐ **Continental Breakfast**
2 @ \$1,000

Electricity: ☐ **Yes** ☐ **No** (Booth includes 8 ft. display table, draped & skirted)

Authorized Exhibit Representative

Date

The Michigan College of Emergency Physicians is a not-for-profit (501c6) medical association representing emergency physicians. MCEP exists for the purpose of supporting quality emergency medical care and promoting the interests and values of over 2,000 emergency physicians. The MCEP tax ID # is 38-2186986. Cancellations must be requested in writing. If your written cancellation is received two weeks prior to this program you will receive a full refund minus a \$100 processing fee. No refunds after January 12, 2024.

Payment Method: ☐ Check Enclosed ☐ Mastercard ☐ VISA ☐ AMEX
Card # _____ Exp. Date _____ Sec. Code _____

Signature _____ Zip Code of Cardholder _____