

**Midwest Emergency Medicine Winter Symposium**  
**January 28-31, 2027**  
**Mountain Grand Lodge, Boyne Mountain**



**MICHIGAN COLLEGE** of  
**EMERGENCY PHYSICIANS**

**MCEP WILL ACCEPT THE FIRST 17 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 Email: [mcep@mcep.org](mailto: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 (only 2 representatives at a booth at a time):**

\_\_\_\_\_  
\_\_\_\_\_

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

**Corporate Gold Sponsorship**  
\$2,600

**Evening Reception**  
2 @ \$1,100

**EXHIBIT BOOTH**  
\$1,200 – Before December 31, 2026  
\$1,300 – After December 31, 2026

**Continental Breakfast**  
2 @ \$1,100

**Electricity:**  **Yes**  **No** (Booth includes 6 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 \$150 processing fee. No refunds after January 15, 2027.*

Payment Method:  Check Enclosed  Mastercard  VISA  AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_ Zip Code of Cardholder \_\_\_\_\_