



September 13, 2011

Dear Vendor:

As Chairman of the Education Committee for the Michigan Association of Osteopathic Family Physicians (MAOFP), I wish to again thank you very much for your continued support of our summer and winter conferences. Thanks to your active participation, we are able to enjoy successful conferences and provide the opportunity for you to be recognized as a silver sponsor.

This year's MAOFP Mid-Winter Family Medicine Update will be held at Shanty Creek Resort in Bellaire, Michigan from January 26 – 29, 2012. MAOFP would like to request that you participate and assist us in the form of support and/or providing a display. The display fee is currently \$900 per table. We are expecting a large number of attendees at this conference. Exhibitor space is at times limited, so I encourage you to sign up in advance to assure that you have an assigned display booth. The MAOFP Tax ID Number is 38-2120428.

Currently, we are in the process of looking for support for the following:

- ◆ Silver support- \$1,500 (see the enclosed exhibitor/support form for details)
- ◆ Speakers
- ◆ Thursday night welcome reception
- ◆ Saturday night reception
- ◆ Continental breakfast for Friday, Saturday and Sunday
- ◆ Daily break spreads
- ◆ Stakeholder's membership luncheon on Saturday

Displays may be set up beginning at 8:00 a.m. on Thursday, January 26, 2012 and should remain in place through Saturday, January 28th until noon. If you are interested in supporting the MAOFP, please contact Melissa Budd at (800) 657-1556 or mbudd@mi-osteopathic.org. **Please note a deadline of January 2, 2012 for reserving a booth (based on availability).** Please use the enclosed form to reserve your hotel room at Shanty Creek Resort and fax directly to the hotel. For any questions regarding your lodging please contact Shanty Creek Resort at 800-678-4111.

Thank you again, in advance, for your support of the MAOFP.

Sincerely,

David Best, D.O.
Education Committee Chair



Exhibitor/Support Form
January 26- 29, 2012
Shanty Creek Resort, Bellaire, Michigan

Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # of Contact Person: _____ Email: _____ Fax Number: _____

Names of other representatives that will be on site: _____

Booth fee is \$900 per table- please indicate how many tables you require: 1 booth _____ 2 booths _____ 3 booths _____
Display fee includes one covered and skirted table, one wastebasket and 2 chairs.

Product/Service we represent: _____ Electrical: yes _____ no _____

Companies that we DO NOT prefer to be placed near: _____

Companies that we DO prefer to be placed near: _____ (we will do our best to accommodate your request)

Exhibitor Reservation Fee of \$900 per/booth is due by January 2, 2012. Please send payment to: 2445 Woodlake Circle, Okemos, Michigan 48864, attn: Melissa Budd. Booth assignments are limited. There may not be availability after the deadline. The MAOFP Tax ID number is #38-2120428. Please fax this form back to (517) 347-1566.

We are interested in:

- Silver Support \$1,500: Includes Prime Booth Location, Signage and Program Acknowledgment.
- Speaker Support: Includes the Speakers Honorarium, Signage and Program Acknowledgment.
- Display Table Only \$900

The Following include Signage and Program Acknowledgment.

- Continental Breakfast
- Breaks
- Annual Membership Lunch
- Welcome Reception
- Saturday Night Reception
- Other _____

Signature: _____ **Date:** _____

Cancellation Policy: No refunds will be made after January 2, 2012.

Disclaimer of Liability: This agreement between MAOFP and the exhibitor is a license to exhibitor to use exhibition space at the convention. No bailment is intended or created. MAOFP shall not be responsible or liable for any lost, stolen or damaged property of exhibitor or for personal injuries to exhibitor or exhibitors representatives. Exhibitor expressly releases MAOFP from any liability for any such loss, damage or injuries.

Office Use Only: Check Number _____ Date Issued _____ Date Received _____

(Discover, MasterCard, Visa)
 Credit Card Number _____ Exp. Date _____ CVV Code: _____

Thank You for Your Support!



SUMMIT VILLAGE
SHANTY CREEK RESORTS®

Mi Assn of Osteopathic Family Physicians (MAOFP)
January 25-29, 2012
81844

Reservations Must be Received By: **December 25, 2011**

PLEASE RETURN THIS FORM BY MAIL OR FAX TO:

Reservations Department • Shanty Creek Resorts
5780 Shanty Creek Road • Bellaire, MI 49615
Fax: 231.533.7004

Check-in begins at 6pm, Check-Out is 12pm

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Confirmation Email: _____ Fax: _____

You are welcome to arrive early or extend your stay following this scheduled event. At times specified accommodations are not available prior to or following your event. If the room type requested is not available, we reserve the right to assign the next available room type and rate.

Arrival Date: _____ Departure Date: _____ # Adults: _____ # Children: _____

LODGING ONLY ROOM TYPES:	1Adult	2 Adults	3 Adults	4 Adults
_____ Guest Room (2 Beds)	\$168	\$168	\$183	\$198
_____ Parlor Studio (King Bed)	\$202	\$202		
_____ One Bedroom Suite or Condo	\$246	\$246	\$261	\$276
_____ Two Bedroom Condo	\$353	\$353	\$353	\$353

The above rates are Per Room, Per Day, plus 6% state tax, 9% resort fee and 5% local tax.
The Lodging only rates include complimentary skiing on Wednesday, Thursday and Friday from 9 to 5pm.

LODGING & SKI PACKAGE:	1 Adult	2 Adults	3 Adults	4 Adults
_____ Guest Room (2 Beds)	\$691.07	\$401.04	\$321.82	\$282.23
_____ Parlor Studio (King Bed)	\$809.88	\$460.44		
_____ One Bedroom Suite or Condo	\$963.63	\$537.32	\$395.20	\$324.16
_____ Two Bedroom Condo	\$1375.97	\$743.49	\$532.66	\$427.24

The above rates are Per Person, Per Stay and include: 3 nights of Lodging, Friday Night Lift Ticket, Saturday Superticket, Sunday 4-Hour Ticket, Complimentary mid-week skiing through Friday at 5:00pm, and all taxes and resort fees.
If your organization is state tax exempt you must furnish a copy of the state tax exemption certificate when making your reservation.

THIS FORM MUST BE MAILED OR FAXED IN TO RECEIVE THE GROUP DISCOUNTED RATES.

Deposit Policy: You must guarantee your room reservation with a major credit card or a check for deposit of 1st nights lodging. Credit card **WILL BE** charged for the above deposit. **Use of Debit cards at the resort for lodging or deposits may cause your financial institution to put a hold on your account for the total amount of the stay plus a \$50.00 per night incidental charge. The resort is not responsible for returned check fees resulting from this practice by your financial institution.** Refund of your deposit will be made if cancellation occurs at least 5 days prior to arrival, less a \$10 handling fee.

Card Number: _____ Expiration Date: _____

(If Mailing a Check, Please Note on the Line Above.) Reservation will be held for 10 days pending receipt of the check. If credit card deposit is made and organization pays in full by check refunds of credit card are subject to a \$10.00 handling fee.

Signature (Required): _____ Printed Name _____

Do you have any special lodging requests?

Barrier Free: _____ Other (Please Indicate): _____

We do our best to honor special requests, however we cannot guarantee them.

For Questions or More Information, Please Call: 1-800-678-4111