

Spring 2025 Convention & Exhibition

April 25 - 27 • Radisson Plaza, Kalamazoo, MI

For MAC office use only.					
Date Rec'd:					
Time:					

Set Up: Thursday, 6-8p Friday, 10a-2p

www.chiromi.com • lisa@chiromi.com

Exhibit Times: Friday, 3-9p Saturday, 8a-7:30p Sunday, 8a-12p

Tear Down: Sunday, 12p

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This contract must be received along with your non-transferable. The balance is due by MARCH	\$200/booth depo	osit in order to confirm your booth assignment. Deposits are non-refundable an received by the due date will be charged to the credit card provided.		
Company Name		Website		
Contact Person Name		Contact Info to Provide to Attendees (If different than already pro-		
Address				
CityState				
Phone		Phone		
Email		Website		
Products/services to be exhibited				
Name(s) to be listed on badges:				
BOOTH INFO & FEES:	All booth	ns: 7x10. All tabletops: 8' wide.		
All booths and tabletops: \$1,000		·		
Please indicate your booth space preference(s):	1st Choice	2nd Choice 3rd Choice 4th Choice		
Companies/products you do not wish to have ir	n close proximity,	, (may affect your booth choice)		
Booths include: One table (Choose size: 8 f	ft. 🗆 6 ft. 🗆 4	ft.) with drape, two chairs, wastebasket, back and side drapery, and sign.		
Name to be printed on sign				
, g) (\$75/table) - # needed: Choose Size: □ 8 ft.; □ 6 ft.; □ 4 ft		
		☐ WiFi (\$100) ☐ Other		
ADVERTISING & SPONSORSHIP OPPORTUNIT	IFS:			
5 .		tising in the print <i>Journal and eJournal</i> ! (See sponsorship form for details)		
☐ Platinum - \$5,000; ☐ Gold - \$4,000		_		
Welcome Packet Print Insert - Full Page (\$35	.0, 2404 27	Participate in the vendor game (\$200)		
Welcome Packet Print Insert - Half Page (\$17	,	☐ Opening Session Sponsorship and GoBo (\$3,000) ☐ Donate to silent auction:		
□ Welcome Packet Speciality Pages (See Sponso□ Welcome Packet Digital ONLY - Due by April 2	01 1 01111)	Item: Value:		
☐ Full Page (\$200) ☐ Half Page (\$100)		☐ Sponsor a speaker/event at the convention (See Sponsor Form or contact Lisa)		
See attac	:hed form for a	additional sponsorship opportunities!		
		ing to the MAC Prior to March 7, 2025. If cancellation is received after that h cost and any balance due will be charged to to your credit card.		
We, the undersigned agree to abide by all regul	ations and restric	ctions outlined on both sides of this contract. (Please sign both sides.)		
Authorized Signature		Date		
Michigan Association of Chiropractors	Amount \$	Check (payable to MAC): Check #		
416 W. Ionia • Lansing, MI 48933 (517) 367-2225 • FAX (517) 367-2228	Credit Card #	Exp CVV		

Email receipt to: