



MATERNAL INFANT HEALTH PROGRAM

2017 REGIONAL COORDINATOR TRAININGS

EXHIBITOR PROSPECTUS

ABOUT THE MATERNAL INFANT HEALTH PROGRAM

The Maternal Infant Health Program (MIHP) is Michigan's largest home visiting program for Medicaid-eligible pregnant women and infants. Two-hundred providers located throughout the state support healthy pregnancies, positive birth outcomes, and healthy infants. MIHP provides home visitation support and care coordination for pregnant women and infants on Medicaid. Services are intended to supplement regular prenatal/infant care and to assist healthcare providers in managing the beneficiary's health and well-being.

YOU WILL RECEIVE:

- 6' x 3' covered and skirted table, with one chair
- Sign with your company's name
- One complimentary registration
- Ability to attend the training
- Networking with participants

YOUR COST:

- Attend all 4 Training Locations —\$200
- Attend 1 or more training locations —\$75 per location
- Electricity—\$25 per location
- Additional Table—\$50 per location
- Additional Staff—\$50 per member, per location

EXHIBIT HOURS:

All exhibits should be operational by 8:00 a.m. Check-in starts at 7:00 a.m. Exhibits will be open on the day of the training from 8:00 a.m. until 4:00 p.m.

ASSIGNMENT OF SPACE:

You will receive approval to exhibit within 5 business days of MPHl receiving your application. Space will be assigned in the order in which registrations are received. A letter confirming your exhibit space will be sent two weeks before the training.

EXHIBITOR CHECK-IN:

All exhibitors must register at the Event Registration desk before setting up their exhibit. Table assignments and packets will be provided.

LIABILITY:

The Michigan Public Health Institute assumes no responsibility for any loss, damage or injury occurring to the exhibitor and/or his/her property.

FEES AND RESERVATIONS:

To participate, please complete and return the enclosed commitment form. Payment is due before the event. Checks should be made payable to Michigan Public Health Institute (Fed I.D. #38-2963835). Credit card payment is available. Please note: there are no refunds for cancellations or no-shows.

FORM SUBMISSION:

Completed commitment forms can be submitted using the following methods:

FAX: (517) 324-6080

MAIL: Michigan Public Health Institute
2465 Woodlake Circle
Okemos, MI 48864

EMAIL: hwoods@mphi.org

2017 MIHP COORDINATOR TRAINING EXHIBITOR REGISTRATION

Organization Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____ Website: _____

Booth Staff: 1) _____ Email: _____

Booth Staff: 2) _____ Email: _____

Please check all that apply:

☐ I would like to exhibit at all 4 regional trainings - \$200

☐ I would like to exhibit at the following regional training - \$75 per location

☐ West: Crowne Plaza - Grand Rapids- 5/9/17

☐ Southeast: Somerset Inn - Troy - 5/11/17

☐ Northern: Otsego Club and Resort - Gaylord - 5/16/17

☐ Upper Peninsula: Hampton Inn - Marquette - 5/18/17

☐ Add Electricity - \$25* ☐ Add Table - \$50* ☐ Add Staff - \$50/ per staff*

**Per location*

TOTAL AMOUNT DUE: _____