2025 MAHC Annual Conference and Exhibition **Sponsorship Opportunities**

Don't miss your chance to make your business standout & be spotlighted during the conference with attendees!

Category, Amount, & Benefits



- Complimentary Exhibit Booth
- Achknowledgement on MAHC's website
- ✓ Thank you signage at Annual Conference
- 2025-2026 MAHC Associate Membership

- Promotional materials to be placed in conference bags
- Oral recognition at primary MAHC events held in 2025
- List of attendees & contact information
- Recognition on MAHC's Social Media Platforms
- Acknowledgement in Pre-Conference Brochure with a complimentary half page ad*

\$2,575

Keynote

\$2,375

Meals - 4 available

\$2,075

Exhibit Hall Reception

\$2,075

General Session

\$1,075

Karaoke

\$775

Bingo

- Acknowledgement in Pre-Conference Brochure*
- Recognition on MAHC's Social Media Platforms

Oral recognition during the event

Thank you signage at conference

\$3,000

Conference Carry-All Bags

\$2,575

Name Badge Holders



- Acknowledgement in Pre-Conference Brochure*
- Your logo printed in the item(s)

Recognition on MAHC's Social Media Platforms

\$1,050

Refreshment Break - 3 available

- Recognition on MAHC's Social Media Platforms

Thank you signage at conference

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I want to be a 2025 Sponsor in the following categories: Exclusive Sponsorships (one company per sponsorship)

| | Carry-All Bags \$3,000) |
|--|--|
| General Session Name Badg (\$2,075) (\$2,575) | ge Holders Exhibit Hall Reception (\$2,075) |
| ☐ Karaoke (\$1,075) | Bingo (\$775) |
| Multiple Sponsorships (multiple o | companies per sponsorship) |
| Meals (4 available, please choose one - \$2,375 each): | Refreshment Break (3 available - \$1,050 each) |
| Wednesday Awards Luncheon | |
| Thursday Exhibit Hall Breakfast | |
| Thursday Exhibit Hall Lunch | |
| Friday Breakfast | |
| Sponsor and Pay | ment Information |
| Company Name: | Name as it appears on card: |
| Contact Name: | CC#: |
| Address: | Exp. Date: CVC/CVV (3 or 4 digit code): |
| City: | ☐ Discover ☐ Visa ☐ Am. Express ☐ MC |
| State:Zip Code: | Billing Address: |
| Phone: | City, State, Zip: |
| Email: | Signature: |
| Total Sponsorship Fee \$ | Credit Card (Please fill out information above) Check (Mail Form & Payment to: Missouri Alliance for HOME CARE 2420 Hyde Park, Suite A, Jefferson City, MO 65109) |

