

CMSA

DETROIT

37637 Five Mile Rd., #240
Livonia, MI 48154
248.663.4103

TO: *All Corporate Sponsor Interested Parties*

FROM: Deb Hodder, Vendor Coordinator
CMSA – Detroit Chapter

DATE: January 10, 2012

Thank you for your continued interest in supporting the Case Management Society of America – Detroit. Without your support it would not be possible for us to meet the needs of our membership.

The CMSA-Detroit Board of Directors has finalized the 2011 Corporate Sponsorship Program. Please review carefully, make your selections, and forward the appropriate amount no later than: **February 1, 2012** (for participation in February 7 meeting) **otherwise by February 28, 2012**. All checks are to be made payable to: CMSA-Detroit and must be for the full amount of the selections you have made. All assignments will be made on a first come, first serve basis.

1. Display Table at Dinner Meeting – check desired selections (Limit 50 vendors)
\$275.00/meeting: February 7 _____ April 10 _____ September 11 _____
2. **VendorPaloosa** will return this year on November 13 _____
Cost \$275.00
3. If you choose **all four** meetings you will pay (Limit 50 vendors at any dinner conference)
\$ 1000.00/year for all 4 meetings _____

(All Meetings are inclusive of exhibit table and 2 representatives from your company)
4. We also have our member mailing list available in excel format on disc or by email.
*this does not include email addresses
\$250.00 _____ email (excel format) _____ disc (excel format) _____

You will be sent an exhibiter agreement and registration form prior to each Conference. This needs to be returned to process your representative's information.

Company Name: _____

Address: _____

Contact: _____ Phone: _____

Email address: _____

TOTAL AMOUNT DUE: _____

Payment is accepted by check or credit card.

Please complete this form and mail with your check or credit card information to:

CMSA Detroit Chapter
37637 Five Mile Rd #240
Livonia, MI 48154
Fax (734) 956-1954

Credit Card Payment Method:

Credit Card Number: _____

Expiration Date: _____ 3 Digits on back: _____

(Please note the address provided must match the billing address for the credit card.)

Credit card payment is also accepted over the phone at the number listed below.

Confirmation of receipt of payment will be sent to email address provided above.

Questions may be emailed to: debhodder@specialtree.com or contact (248) 663-4103.

Thank you very much! We value your continued support.

CMSA-DETROIT CHAPTER

2012 PROGRAM SCHEDULE

Dinner Conference

February 7, 2012

Topic: *Alternative Medicine*

Dinner Conference

April 10, 2012

Topic: TBD

Dinner Conference

Date: September 11, 2012

Topic: TBD

VendorPaloza

November 13, 2012

Info to follow for your CEU input

Farmington Hills Manor

23666 Orchard Lake Rd, Farmington Hills, 48336

Phone: 248-888-8000 (this is not a CMSA contact number)

Set-Up: dinner conference set up begins @ 3:15 pm

(If you have any thoughts for speaker or presentations please send them to

BelindaCooke@specialtree.com)