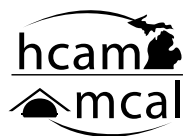




2019

Associate Partnership Program

Promoting Excellence in
Senior Care



Health Care Association of Michigan
& Michigan Center for Assisted Living
(A Division of HCAM)
7413 Westshire Dr., Lansing, MI 48917
Phone: 517-627-1561
Fax: 517-627-3016

ABOUT US



OUR PROFILE

Originated in 1948, the Health Care Association of Michigan (HCAM) is the premier professional association representing nursing and rehabilitation communities including for and not for profit, county medical care and hospital based providers. HCAM currently represents more than 340 nursing facilities.

The Michigan Center for Assisted Living (MCAL) is a division of the Health Care Association of Michigan (HCAM). MCAL's membership is made up of Independent Senior Living communities and Assisted Living Settings including Homes for the Aged and Adult Foster Care.

OUR PARTNERSHIP PROGRAM

The Associate Partnership Program provides all vendors who share a genuine interest in furthering the quality of the profession the opportunity for a beneficial partnership. Associate Partners are dedicated to the success of nursing facilities and assisted living providers and are proud to support or provide programs, services and products that advance the profession and the association's mission of promoting excellence.

By partnering with HCAM|MCAL, your organization will gain exposure, strengthen your market position and build powerful alliances with industry leaders.

OUR EVENTS

- ◇ 2019 HCAM|MCAL Spring Leadership Conference held on March 4-5 in Detroit
- ◇ 2019 HCAM|MCAL U.P. Education Conference held on May 1-2 in Marquette
- ◇ 2019 HCAM|MCAL Annual Convention & Expo held on September 22-25 in Grand Rapids

ASSOCIATE PARTNERSHIP TIERS

PRINCIPAL

\$13,000 Annual Commitment

Principal Tier Partners may select up to 8 Flexible Benefits out of the following options:

- Full package registration to the Spring Leadership Conference (up to 2)
- 6' table top display at the Spring Leadership Conference
- Full package registration to the U.P. Education Conference (up to 2)
- 6' table top display at the U.P. Education Conference
- Full package registration to the Annual Convention & Expo (up to 2)
- 20x20 booth at the Annual Convention & Expo

PREMIER

\$6,000 Annual Commitment

Premier Tier Partners may select up to 5 Flexible Benefits out of the following options:

- Full package registration to the Spring Leadership Conference.
- 6' table top display at the Spring Leadership Conference
- Full package registration to the U.P. Education Conference
- 6' table top display at the U.P. Education Conference
- Full package registration to the Annual Convention & Expo
- 20x10 booth at the Annual Convention & Expo

Standard Benefits:

- Exclusive access to member only sections of the HCAM/MCAL websites & member only publications & alerts
- A copy of the Annual Member Directory
- Discounted member registration rates to all association events
- Opportunity to serve on select committees and/or nomination for Associate Partner Representative seats on the HCAM and/or MCAL Board of Directors
- Full page black & white ad in the Annual Member Directory
- Company listing in the Annual Member Directory
- Electronic facility membership contact information on-demand
- Pre- and post-conference participant lists in MS Excel format ***Please note that due to continuing education regulations, these lists will only include name, title and facility of participants and are also limited to those participants who opt-in to share their information with vendors/partners.***
- Company logo with hyperlink to your company's website on HCAM and MCAL websites
- Recognition of Principal Tier status with company logo on professional signage at major association conferences (for contracts received by February 1, 2019)

Standard Benefits:

- Exclusive access to member only sections of the HCAM/MCAL websites & member only publications & alerts
- A copy of the Annual Member Directory
- Discounted member registration rates to all association events
- Opportunity to serve on select committees and/or nomination for Associate Partner Representative seats on the HCAM and/or MCAL Board of Directors
- Half page black & white ad in the Annual Member Directory
- Company listing in the Annual Member Directory
- Electronic facility membership contact information in MS Excel format once a year
- Recognition of Premier Tier status with company logo on professional signage at major association conferences (for contracts received by February 1, 2019)

ASSOCIATE PARTNERSHIP TIERS



PATRON
\$3,200 Annual Commitment

Premier Tier Partners may select up to 2 Flexible Benefits out of the following options:

- Full package registration to the Spring Leadership Conference.
- Full package registration to the U.P. Education Conference
- Full package registration to the Annual Convention & Expo

Standard Benefits:

- Exclusive access to member only sections of the HCAM/MCAL websites & member only publications & alerts
- A copy of the Annual Member Directory
- Discounted member registration rates to all association events
- Opportunity to serve on select committees and/or nomination for Associate Partner Representative seats on the HCAM and/or MCAL Board of Directors
- Quarter page black & white ad in the Annual Member Directory
- Company listing in the Annual Member Directory
- Electronic facility membership contact information in MS Excel format once a year
- Complimentary 10x10 exhibit booth space at the 2019 Annual Convention & Expo OR a credit of \$1,000 to be used towards upgrading to a larger booth only
- Recognition of Patron Tier status by company name on professional signage at major association conferences (for contracts recieved by February 1, 2019)



PROFESSIONAL
\$1,100 Annual Commitment

Professional Tier Partners are not eligible for Flexible Benefits.

Standard Benefits:

- Exclusive access to member only sections of the HCAM/MCAL websites & member only publications & alerts
- A copy of the Annual Member Directory
- Discounted member registration rates to all association events
- Company listing in the Annual Member Directory
- Recognition of Professional Tier status by company name on professional signage at major association conferences (for contracts recieved by February 1, 2019)

TERMS & CONDITIONS

Who may apply to be a member of the HCAM|MCAL Associate Partnership Program?

The HCAM|MCAL Associate Partner program is available to companies/organizations that provide products and services to long-term care, post-acute care and assisted living communities. Partnerships are not available to long-term care, post-acute care, assisted living, healthcare facility centers and their management companies.

What are the program dates for the HCAM|MCAL Associate Partnership program?

The HCAM|MCAL Associate Partner program is January 1 –December 31, 2019. The program does not automatically renew and will not be active until the application and initial payment is received at the office of the Health Care Association of Michigan. Partnerships may not be pro-rated regardless of when organizations join the association.

How do I apply for membership in the HCAM|MCAL Associate Partnership Program?

Complete the enclosed application by selecting the benefits you would like to receive for the tier level you are enrolling in. Applications are due by January 31, 2019, and must include the initial payment payable to HCAM. Mail your application to:

**Health Care Association of Michigan
Attention: Mary Gettel – Director of Education
7413 Westshire Drive
Lansing, MI 48917**

Applications may be faxed to (517) 627-3016, but will not be processed until initial payment is received.

Important Details to Note:

1. If you elect not to pay your partnership in full with your application, 50 percent of the application fee is due with the application. You will be billed the remaining balance in two equal installments on April 1 and June 1. All partnership balances must be paid by June 30. If your balance falls in arrears of more than 30 days, your benefits will be suspended until your account is brought current. Payment plans are not available for Professional Level partnerships.
2. It is important for HCAM|MCAL to contact your organization throughout the year. If the individual responsible for maintaining your partnership changes, please notify Mary Gettel at marygettel@hcam.org as soon as possible. We want to stay in touch with you throughout the year to maximize your partnership with us.
3. Associate Partners may promote their partnership with HCAM|MCAL however, the use of HCAM or MCAL logos and statements indicating HCAM|MCAL endorses your organization is strictly prohibited.
4. Partnerships and related benefits cannot be shared amongst multiple organizations. HCAM|MCAL Associate Partnership fees, and included benefits, are non-transferable and non-refundable.
5. Partnership with HCAM|MCAL may be terminated at the discretion of the Health Care Association of Michigan for violations of the terms of this agreement as well as conduct considered unprofessional. HCAM|MCAL reserves the right to determine what actions or behaviors are unprofessional and constitute reason to revoke partnership in the program. Refunds will not be issued if the partnership is terminated for these reasons.

2019 ASSOCIATE PARTNERSHIP PROGRAM APPLICATION

Company Information

Company Name: _____

Company Address: _____

Company City/State/Zip: _____

Company Phone Number: _____

Company Fax Number: _____

Company Website: _____

Company Category:

- | | | |
|-----------------------------------|--------------------------------|-----------------------|
| Consultant | Legal Services | Technology/Software |
| Design/Building/Remodel | Marketing | Transportation |
| Education/Training | Medical Supplies & Equipment | Uniforms/Footwear |
| Employment/Recruitment | Behavioral/Mental Health Care | Vision Services |
| Environmental Supplies & Services | Nutrition/Wellness | Wound Care |
| Finance | Oral Health | Other: PLEASE SPECIFY |
| Food & Beverage/Service | Pharmaceutical | _____ |
| Furniture/Furnishings | Physicians Services | |
| Group Purchasing | Portable Diagnostic Services | |
| Home Health/Hospice | Rehabilitation/Therapy | |
| Housekeeping/Laundry/Linens | Safety | |
| Insurance/Risk Management | Security/Monitoring/Nurse Call | |

Company Representative

Primary Contact Name: _____

Primary Contact Title: _____

Preferred Phone Number: _____

Email Address: _____

Company Billing Information

(if different than company/rep. information)

Billing Personnel Name: _____

Billing Personnel Title: _____

Billing Mailing Address: _____

City, State & Zip: _____

Billing Personnel Phone: _____

Billing Personnel Email: _____

