

2026 Mid-South Critical Access & Rural Hospital Conference



Mid-South Critical Access Hospital Sponsorship Agreement

Company Information:

Company Name: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact for Logo and Website Link:

Name: _____ Phone: _____

Email: _____

Second Conference Attendee Name: _____

Email: _____

Submission Instructions:

Please return the completed form to Candy Brown at cbrown@mhanet.org or mail it to:

Mississippi Hospital Association

P O Box 1909

Madison, MS 39130-1909

Sponsorship Opportunities are as follows:

- Premier Sponsorship - \$3,000 (Footprint - 6 ft table exhibit space in CONFERENCE ROOM including two attendee registrations)**
Limited Spots Available
- Event Sponsorship - \$1,500 (Footprint is 6 ft table exhibit space in FOYER including two attendee registrations)**
Limited Spots Available
- Reception Sponsorship - \$5,000 (Signage at Welcome Reception; four attendee registrations included)**
- Lunch Sponsorship - \$2,500 (Signage at luncheon; one attendee registration included)**
✿ Thursday, August 6, *or*
✿ Friday, August 7

Sponsorship Agreement:

Name: _____

Signature: _____

Date: _____