



2025 EMPOWERING PHYSICIANS

A Night of Learning & Connection



Elisabeth Rosenthal, MD,
*a best-selling author will discuss physicians
at the crossroads of U.S. healthcare*

FRIDAY

SEPTEMBER 26

HEWING HOTEL, MINNEAPOLIS

MNMED.ORG



MINNESOTA
MEDICAL
ASSOCIATION

EVENT MARKETING PROSPECTUS



GET NOTICED
Become involved
in this annual
event!

Who we are

The Minnesota Medical Association (MMA) is a non-profit professional association representing physicians, residents/fellows and medical students. With more than 10,000 members, the MMA is dedicated to being the leading voice of medicine to make Minnesota the healthiest state and best place to practice.

Why become involved?

The MMA Empowering Physicians Event is the perfect opportunity for you to:

- Generate new leads
- Interact with the most engaged physicians and physicians-in-training from around Minnesota
- Build visibility for your company
- Introduce new products and services to attendees
- Engage with a wide range of attendees

Who to contact

Betsy Pierre
Strategic Partnership & Sales Coordinator
betsy.pierre@ewald.com
763-295-5420

***For maximum benefit
reserve involvement early!***



Hewing Hotel | 300 N Washington Avenue Minneapolis, MN 55401 | **Friday, September 26**

For sales information, contact Betsy Pierre, Strategic Partnership & Sales Coordinator | betsy.pierre@ewald.com | 763.295.5420

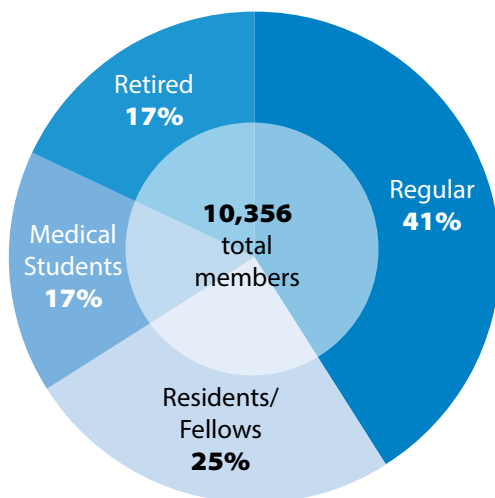


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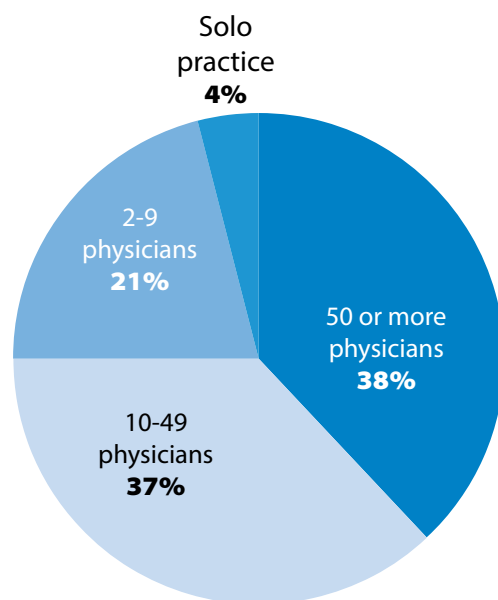
An Event for All Minnesota Physicians!

MMA's Empowering Physicians event will bring together approximately 125-150 physicians and physicians-in-training from across Minnesota for an evening of learning and connections as we celebrate medicine!

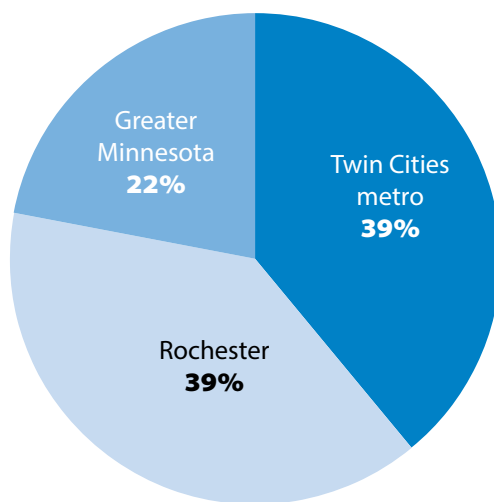
MMA by the Numbers



Size of Practice



Practice Location



Top specialties include:

- Primary care
- Anesthesiology
- Diagnostic radiology
- Orthopedic surgery
- Neurology
- General surgery

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Enjoy visibility!

The MMA widely promotes the event digitally, via social media and in print to as many as 14,000 member and non-member physicians and physicians-in-training throughout a persistent, multi-month campaign. In addition to interactions at the event, exhibitors and sponsors enjoy being recognized and featured on the event website prior to and through the conference. *Reserve participation early for maximum promotional benefit!*

Table-top display opportunities

The table-top display area at the Empowering Physicians Night of Learning & Connection will be open during the event reception. This space will be in an area attendees will be able to flow to that is adjacent to the reception and the dinner spaces.

Table-top schedule

- Set by 3:30 pm
- Tear down from 6:15-9 pm

Conference attendee schedule (subject to change)

- Reception from 4-6 pm
- Dinner/Evening Keynote from 6-8 pm

Table-top packages

Partnership Booth - \$750

- One eight-foot draped table with chair
- One complimentary registration that includes dinner (additional registrations may be bought for \$150)
- Name, logo and description on event webpage and pre-event marketing
- Logo on event signage
- List of attendees (name, health system, and city) following event
- Black and white table-top company sign

Sustaining partnership package - \$2,650 (total value: \$2,900)

Includes Partnership Booth benefits plus

- Half-page ad in *Minnesota Medicine**
- 1-month-long webpage banner ad*
- 1 month *News Now* ad (middle)

Principal Partnership Package - \$3,150 (total value: \$3,425)

Includes Partnership Booth benefits plus

- Full page ad in *Minnesota Medicine**
- 1-month-long webpage banner ad*
- 1 month *News Now* ad (top)

*Select months and opportunities based on availability.

Reserve participation early for maximum promotional benefit!

Final deadline to submit logo and description August 27



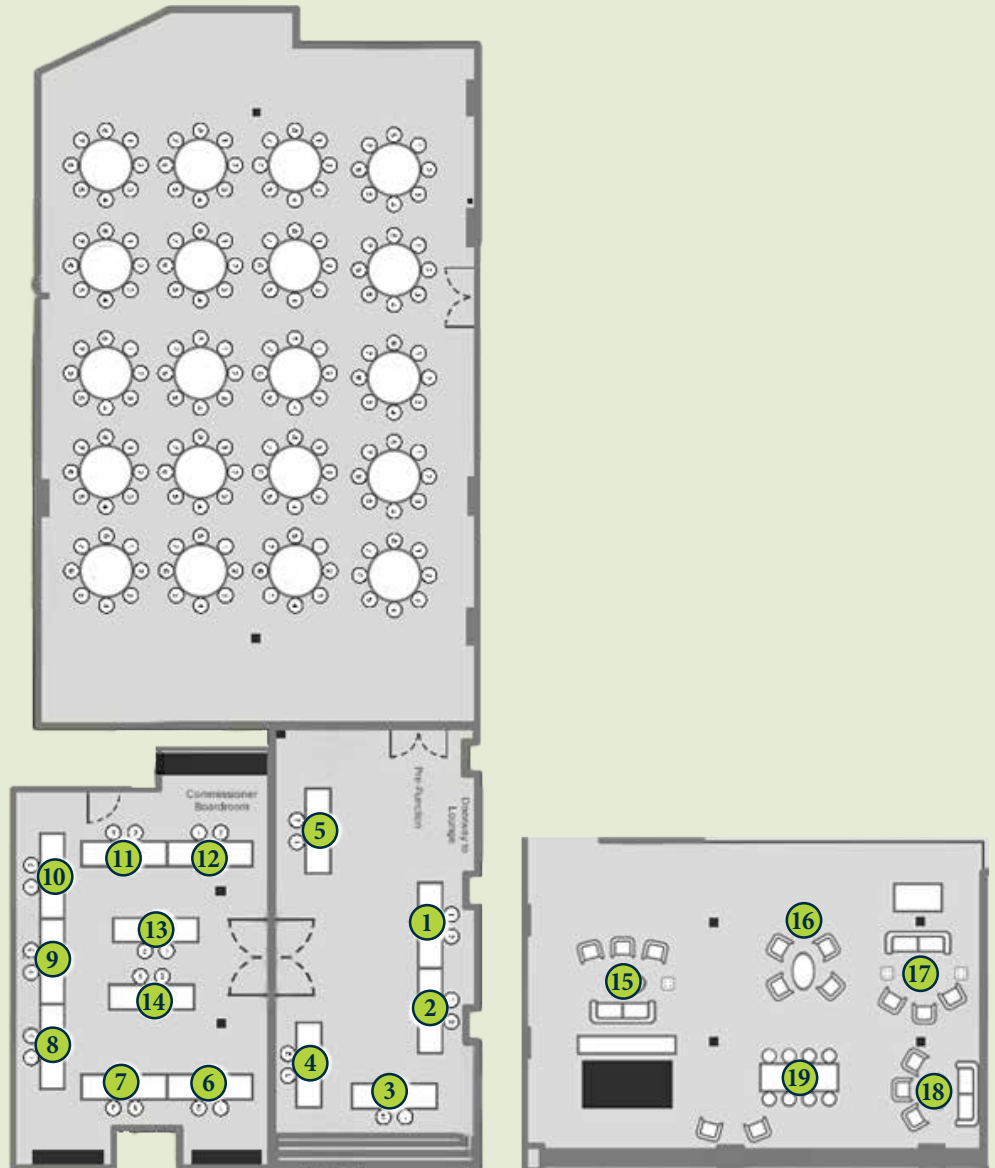
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2025 Event Space Map

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*Map not to exact proportion. Spaces 15-19 are upgraded Special Reception Seating areas.

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Major Sponsorships*

Engage with the industry as a leader in support of this year's Empowering Physicians event via the below opportunities. Sponsors receive logo recognition in pre-promotion and at event. *Deadlines apply – reserve participation early for maximum benefit.*

Premier sponsor (exclusive) - \$12,000 (SOLD OUT)

- Be recognized as an MMA endorsed carrier
- Receive an opportunity to address attendees in person at one point during the event
- Receive Premiere Sponsor banner recognition at the event
- Receive Premier Sponsor signage at reception
- Recognized as Premiere Sponsor in event promotions

Event Presenting Sponsorship \$10,000 (exclusive) or \$5,000 (shared)

Capture attention with this prominent sponsorship level – being seen as a leader in helping to bring this prominent event to the industry.

Benefits include:

- Generously supported by recognition in event promotions
- Generously supported by recognition on event signage
- Verbal recognition from podium during dinner
- Commercial (*max 60 seconds*) to air during dinner
- Table-top Exhibit Package:
Exclusive sponsor = Principal Package
Shared sponsors = Sustaining Package
- Complimentary full conference registrations:
Exclusive sponsor = 10 registrations
Shared sponsors = 4 each

**Where exclusive and shared options are noted above, a sponsor may take the opportunity under the “exclusive” pricing and would then be the sole sponsor. Otherwise, multiple sponsors may participate in the opportunity at the “shared” pricing.*

Contact us to find out more about becoming involved

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Additional Sponsorship Opportunities*

Engage with the industry and become involved with this year's Empowering Physicians event via the below opportunities. Where appropriate, sponsors receive logo recognition in pre-promotion and at event. *Deadlines apply – reserve participation early for maximum benefit.*

Drink Ticket Sponsor \$2,900 (exclusive)

Offer cheers to attendees as the event kicks off with a Reception beer or wine drink ticket.

Dinner \$2,500 (exclusive) / \$1,500 (shared)

Be involved as attendees relax and enjoy this popular evening function.

Reception \$1,500 (exclusive) / \$950 (shared)

Be involved as attendees network and mingle.

Speaker Sponsor \$1,000 (exclusive) / \$750 (shared)

Help bring best-selling author Elisabeth Rosenthal, MD to the event stage!

Attendee Giveaway Item \$500 (sponsor supplies item)

Be memorable with a unique, branded gift for attendees to enjoy.

Billiard Table \$500 (exclusive) / \$349 (shared)

Get noticed while attendees take a moment to enjoy a fun game of pool!

Dessert \$500 (exclusive) / \$350 (shared)

Grab attention as attendees enjoy a decadent treat after their meal.

**Where exclusive and shared options are noted above, a sponsor may take the opportunity under the “exclusive” pricing and would then be the sole sponsor. Otherwise, multiple sponsors may participate in the opportunity at the “shared” pricing.*

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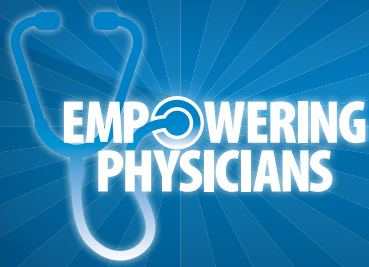


TABLE-TOP & SPONSORSHIP RESERVATION

2025 MMA EMPOWERING PHYSICIANS EVENT

Exhibit and Sponsorship Application Form

Contact Information

CONTACT NAME

COMPANY NAME (TO BE DISPLAYED ONLINE)

EMAIL ADDRESS

PHONE

ADDRESS

CITY

STATE

ZIP

First time sponsoring with MMA? ☐ YES ☐ NO

Exhibit and/or Sponsorship option

Submit logo and 50 word description to betsy.pierre@ewald.com no later than 8/27/25.

Payment Information

Total: \$ ☐ Check (Payable to MMA) ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Payment must accompany application to guarantee sponsorship. If paying by credit card, all fields below are required

NAME (AS IT APPEARS ON CARD)

CARD NUMBER

EXP. DATE

CVV#

EMAIL ADDRESS

PHONE

ADDRESS (IF DIFFERENT THAN ABOVE)

CITY

STATE

ZIP

AUTHORIZED SIGNATURE

Questions? Contact Betsy Pierre at betsy.pierre@ewald.com or 763.295.5420



3433 Broadway Street NE, Suite 187
Minneapolis, MN 55413
612.378.1875



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Important Notes for Exhibitors

VENUE POLICIES The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of exhibitor's activities on the premises and will indemnify, defend and hold harmless MMA and the venue as well as their owner and management, and their respective agents, servants and employees from any such losses, damages and claims. Due to the layout of the venue, storage space is not available for display materials and/or show merchandise. At the conclusion of the set-up and operation, all related equipment, crates and trash must be removed from the premises. No outside food and/or beverage service shall be permitted. Only bite-sized (1oz.) treats in original packaging may be distributed at exhibit booths. Nothing can be affixed to any interior or exterior surfaces of the facility. Decorations must be removed at the end of the event. Vendors must pick up their equipment by or at the end of the event.

- Table-top reservations will be honored with a completed registration form and arrangements made for payment.
- No booths secured may be subleased except with the consent of the MMA.
- By agreeing to exhibit, you are committing to maintaining the exhibit booth from 3:30-6:15 pm on Friday, September 26.

ASSIGNMENT OF BOOTHS

Table-top spaces will be located in rooms off Reception Space, with preferential sponsors receiving the best locations. No assignments will be made until agreement and full payment are received. Booth numbers will be assigned and communicated prior to the Empowering Physicians Event. Organizations requesting placement next to, or away from, other organizations will be accommodated to the best ability. MMA reserves the right to assign all space in the best interest of the event. Booths must be completed and ready to show at 3:30 pm on the day of the conference and must remain intact until 6:15 pm.

RELOCATION

MMA retains the right to change table-top locations for reasons beyond the control of MMA or if it becomes advisable in the best judgment of the MMA. All such changes will be discussed with the exhibitor in advance, if possible.

SPACE CANCELLATION

Cancellations must be sent in writing to betsy.pierre@ewald.com. Cancellations received by August 30 will receive a full refund, minus a \$125 per booth administrative fee. Cancellations received after August 30 will receive no refund.

FAILURE TO OCCUPY SPACE

Exhibitors not occupying booth space by 3:30 pm on Friday, September 26 will forfeit their booth space without refund. The space may be resold or used by the MMA.

SECURITY

MMA cannot guarantee against loss or damage.

REGULATIONS

- All table-top displays must be set up and ready by 3:30 pm on September 26.
- Exhibitors shall not initiate tear-down, packing, or otherwise dismantle or abandon any portion of their booth prior to the official close of the Exhibit Hall at 6:15 pm.
- MMA reserves the right to deny booth space to any organization whose products do not contribute directly to the meeting registrants' medical practices.
- Offensive promotions by exhibit personnel will not be tolerated.
- Company representatives must refrain from holding any commercial discussions in the educational space. All promotional activities including interviews, demonstrations, and the distribution of literature or samples must be made within the exhibitor's space.
- Canvassing or distributing promotional materials outside the exhibitor's rented exhibit space is not permitted.
- Exhibitor agrees to abide by the rules of the facility.

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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Minnesota Medical Association	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 3433 Broadway St NE, Suite 187	Requester's name and address (optional)
6 City, state, and ZIP code Minneapolis, MN 55413		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
4	1	-	0	4	1	8	6	2	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 5/9/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they