



Michigan
Chapter



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Chapter

2026 RESIDENT & MEDICAL STUDENT DAY



EXHIBITOR PROSPECTUS

FRIDAY, MAY 1, 2026
DETROIT MARRIOTT TROY - TROY, MI

\$500
DISCOUNT!

**DETAILS
INSIDE!**

*Promote your opportunities to medical students, residents,
internists and medicine subspecialists.*

A LETTER TO INDUSTRY PARTNERS

November 2026

Dear Industry Partner,

Are you interested in connecting with the future of Internal Medicine? If so, the 2026 Resident and Medical Student Day is an opportunity you don't want to miss!

The Michigan Chapter of the American College of Physicians (MI-ACP) and Society of Hospital Medicine Michigan Chapter (SHM-MI) are pleased to invite you to join us as an exhibitor at the 2026 Resident and Medical Student Day. The one-day event will be held on May 1, 2026 at the Detroit Marriott Troy in Troy, Michigan. Participation in this event allows you to connect with our attendees – the future of Internal Medicine – and for your organization to showcase its products and services, gain exposure, and support MI-ACP and SHM-MI.

This meeting has an annual average attendance of over 300 attendees, which primarily includes Internal Medicine residents and medical students. Internists, along with other subspecialists, participate in the meeting as judges for the 200+ posters and oral presentations.

Exhibit space will be available in the Ballroom Foyer – which all attendees will use to access the meeting and poster display space. Your exhibit will have direct exposure to all attendees. One 6' table will be provided, along with two chairs, a wastebasket, and a booth ID sign. All exhibitors will be recognized in the onsite program and throughout the meeting program.

We also host a prize drawing for attendees who complete their BINGO card by visiting all exhibitors. This has proved to be a great encouragement for good attendance at and exposure to the exhibit area.

Please help us continue to meet our respective missions by supporting the 2026 Resident and Medical Student Day.

For more information or any questions, please contact Veronica DeMore, info@acpmichigan.org, or by phone at 414-488-3917.

Sincerely,

- **Sarah E. Hartley, MD, MHPE, FACP, FHM**
Governor, Michigan Chapter of the American College of Physicians
- **Michael Zaroukian, MD, PhD, MACP, FHIMSS, FAMIA**
Governor-Elect, Michigan Chapter of the American College of Physicians
- **Ruby Marr, MD, FACP, SFHM**
President, Society of Hospital Medicine Michigan Chapter
- **Christopher A. Smith, MD, FACP**
President-Elect, Society of Hospital Medicine Michigan Chapter

PROGRAM HIGHLIGHTS

- **Doctor's Dilemma® Competition**
- **Resident and Medical Student Oral Presentations and Posters**

HOTEL ACCOMMODATIONS

We have reserved a block of rooms at the following rates until April 9, 2026. When making your reservation, be sure to mention that you will be attending the ACP Michigan Chapter Meeting. The rooms are available on a first-come, first-served basis, so make your reservation as early as possible.

Standard Single: \$179.00

Detroit Marriott Troy
200 W. Big Beaver Rd.
Troy, MI 48084
Phone: 248-680-9797

EXHIBIT/CORPORATE SPONSORSHIP

Exhibit Opportunities	Fee
Pharmaceutical/Technical/Exhibits Fee	\$1,500
Physician/Employee Recruitment/Sales (Companies/Hospitals)	\$1,000
Non-Profit Exhibits (other than physician/employee recruitment/sales)	\$500

What is provided with each exhibit table:

- 6' covered and skirted display table
- Two chairs
- Waste basket
- Booth ID sign
- Listing in onsite program

\$500 DISCOUNT!

Qualifying exhibitors will receive a **\$500 discount** for exhibiting at both 2026 RMSD and the 2026 Annual Scientific Meeting. The discount would be applied to their Annual Meeting Exhibitor fee.

Exhibit Hours:

Friday, May 1, 2026 - 7:15AM - 1:45PM

Set up is available beginning at 7:30PM on Thursday evening, April 30, 2026. You may tear down any time after 1:45PM on Friday, May 1, 2026. The program will not conclude until 3:30PM, and you are able to keep your exhibit up through then, if you choose.

Other Opportunities	Fee
Inclusion of Job Posting Advertisement in Resident and Medical Student Day Flyer (distributed to 300+ attendees at Resident and Medical Student Day)	\$500
Friday Continental Breakfast Sponsor (recognition given through signage and onsite program)	\$1,000
Friday Morning Coffee Break (recognition given through signage and onsite program)	\$300
Friday Afternoon Coffee Break (recognition given through signage and onsite program)	\$300

Inquiries for Corporate Sponsorship/Industry Sponsored Events other than the above should be directed to the ACP Michigan Chapter.

For additional information please contact: Veronica DeMore, ACP Michigan Chapter, 414-488-3917 or info@acpmichigan.org.

INDUSTRY SUPPORT/EXHIBIT REGISTRATION FORM

2026 Resident and Medical Student Day • Troy, MI • May 1, 2026

Please print (or attach your business card):

Company Name:

Contact Person

Address

City

State

ZIP

Daytime Phone

Email

OPPORTUNITY TYPE	FEE
<input type="checkbox"/> Exhibitor - Pharmaceutical/Technical	\$1,500
<input type="checkbox"/> Exhibitor - Physician/Employee Recruitment / Sales (companies/hospitals)	\$1,000
<input type="checkbox"/> Exhibitor - Non-Profit – other than physician/employee recruitment / Sales	\$500
Products/services to be displayed: _____ (What do you plan to exhibit? (i.e. type of product or service))	
<input type="checkbox"/> Job Posting Printed Flyer at Resident and Medical Student Day	\$500
<input type="checkbox"/> Friday Continental Breakfast Sponsor	\$1,000
<input type="checkbox"/> Friday Morning Coffee Break	\$300
<input type="checkbox"/> Friday Afternoon Coffee Break	\$300

Amount Due:

PAYMENT

☐ My check is enclosed

Please make your check payable to **Michigan Chapter ACP** and send with Registration Form to the address below.

Michigan Chapter, American College of Physicians
6737 W. Washington St., Suite 4210, Milwaukee, WI 53214
Fed. Tax ID# 51-0222989

☐ Pay By Credit Card: We cannot accept emailed credit card information. Please FAX (414-755-1346) or mail.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ CVC: _____

Authorized Signature: _____