

# 2016 NYSAEYC Conference Application

Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

## Sponsor Packages

- Platinum \$8,000
- Gold \$5,000
- Silver \$3,000
- Bronze \$2,000

We are happy to accommodate additional and/or customized sponsorship opportunities upon request.

## Exhibit Packages

### Commercial Exhibitors

- Interior Booth \$550
- Additional Interiors +\$450
- Corner Booth \$650
- Additional Corner +\$625

### Non-Profit Exhibitors

- Interior Booth \$150
- Additional Booth +\$150  
(booth placement will be assigned)

Register after February 14, add \$50.

## Print Advertising

	Back Cover	Full Page	1/2 Page	1/4 Page	1/8 Page
Final Conf Program	<input type="checkbox"/> \$900	<input type="checkbox"/> \$450	<input type="checkbox"/> \$350	<input type="checkbox"/> \$250	<input type="checkbox"/> \$150
Pre-Conf Reporter	n/a	<input type="checkbox"/> \$225	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$75
Champions Program	n/a	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	n/a	n/a

Online registration and interactive exhibit floor plan is now available on our website. Please visit [www.nysaeyc.org](http://www.nysaeyc.org), and go to Annual Conference under Professional Development. Commercial exhibitors, if unable to register online, select booth preference below.

First Choice Booth(s) \_\_\_\_\_ Third Choice Booth(s) \_\_\_\_\_

Second Choice Booth(s) \_\_\_\_\_ Fourth Choice Booth(s) \_\_\_\_\_

Booth location will be indicated in your registration confirmation.

(See important dates for sponsoring, advertising and exhibiting on page 5)

Signature of person making reservation \_\_\_\_\_ Date \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_ (please make checks payable to: NYSAEYC)

Credit Card: Circle one MasterCard VISA Cardholder Name \_\_\_\_\_

Account # \_\_\_\_\_ CVV# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### ALL EXHIBITORS, PLEASE READ AND SIGN THE FOLLOWING AGREEMENT.

I understand that submission of this application and contract for Exhibit Space constitutes agreement to abide by NYSAEYC's exhibit policies and information (printed on reverse of this page). Payment in full is required at time of application. Funds are to be made payable to NYSAEYC. There will be a \$25 processing charge for returned checks. After March 27, 2016 only MasterCard, Visa, or Money Orders will be accepted. NO REFUNDS WILL BE MADE AFTER February 20, 2016. Cancellations prior to February 20, 2016 will incur a \$25 processing charge. Telephone cancellations not accepted. Notify in writing prior to February 20, 2016.

Signature \_\_\_\_\_ Date \_\_\_\_\_