



NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION

Partnership Packages & Benefits	Associate \$7,500	Executive \$15,000	Presidential \$25,000
Membership announced in website Current News & in President's Message	✓	✓	✓
Company logo/link & description on website Corporate Members page	✓	✓	✓
NYSPMA Corporate Member logo	✓	✓	✓
"Thank you" message on Facebook and Twitter	✓	✓	✓
Company logo/link on conference website	✓	✓	✓
Recognition as Presidential Level Corporate Member in conference program			✓
Conference signage and recognition	✓	✓	✓
Sponsorship of 1 night of Presidential hospitality suite at Conference; includes invitation for company representatives to attend reception in hospitality suite on night of sponsorship		✓	✓
Link to news article(s) posted on NYSPMA Facebook and Twitter	✓x1	✓x2	✓x4
Sponsor NYSPMA webinar(s)	✓x1	✓x2	✓x3
Logo/link on weekly President's Message		✓	✓
Advertising discount on website 2ndry page	✓	✓	
1 free ad on website homepage			✓
Email(s) sent to NYSPMA members on company's behalf		✓x1	✓x2
Receive weekly President's Message	✓	✓	✓
Corporate Member ribbon	✓	✓	✓
Sponsor NYSPMA SIG event (sponsor fee waived)			✓
1 st choice to co-sponsor NYSPMA SIG event (pending availability; regular sponsor fee applies)		✓	
Sponsor NYSPMA Young Members program (sponsor fee waived)			✓
1 st choice to co-sponsorship of an NYSPMA Young Members event (pending availability; regular sponsor fee applies)		✓	
Co-sponsor NYSPMA Strategic Planning Weekend		✓	
Sponsor House of Delegates event			✓
20 minute presentation at Board Meeting			✓
Recognition as a Corporate Sponsor on dues renewal notices			✓
"Corporate Member of the Month" spotlight on website			✓
Logo in NYSPMA email signature			✓



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Corporate Membership Application

Company name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Main contact, title: _____

COMPANY TYPE (CHECK ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Orthopedic Devices |
| <input type="checkbox"/> Footwear | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Equipment/Instruments/Supplies | <input type="checkbox"/> Biotechnology |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Practice Management/Financial Services | |

BILLING ADDRESS (if different from above)

Address: _____

Phone: _____ Fax: _____

E-mail: _____

MEMBERSHIP LEVEL

- Associate \$7,500
- Executive \$15,000
- Presidential \$25,000

PAYMENT:

Credit Card: MC Visa Discover

CC#: _____

Exp Date: _____ CVV: _____

Name on Card: _____