

Company Name (as it will appear in marketing materials) _____

Mailing Address (as it will appear in marketing materials) _____

City, State, Zip _____

Company Phone _____ Company Fax _____

Company Website _____

Contact Name _____ Contact Phone _____

Contact Email Address* _____

*All conference communication will take place via email

Company Category (Please list one) _____

50-word Company Description Please use description from NY18 Included below (or will send today via email)

Booth Selection

1. _____ 2. _____ 3. _____

Competitors you'd prefer not to be placed next to:

1. _____ 2. _____ 3. _____

Kindly note that placement cannot be guaranteed, but every effort will be made to honor your requests.

BOOTH SELECTION

Mini Booth: \$3,000 Standard Booth: \$3,600 Corner Booth: \$4,600 Premium Booth: \$5,600

_____ No. of booths X _____ Booth Cost \$ _____ Total Due

PAYMENT INFORMATION

A 50% deposit must accompany this form to reserve sponsorship.
 Payment is due in full by **Friday, November 2, 2018.**
 Payment is due in full for all applications received after **November 2, 2018.**

Payment Method:

MasterCard Visa American Express Check Payable to NYSPMA

Payment Amount _____

Card Holder's Name _____

Card Number _____

Exp. Date _____ Security Code _____ Card Holder's Zip Code _____

Signature _____

**Email applications to
 dani@nyspma.org**

**Fax applications to
 646-365-7426**

**Mail applications to
 555 Eighth Avenue
 Suite 1902
 New York, NY 10018**



NY19 EXHIBIT HALL HOURS

- Friday, January 18, 2019 9:30am - 5:30pm
- Saturday, January 19, 2019 9:30am - 5:30pm
- Sunday, January 20, 2019 9:30am - 1:30pm

CONTACT

Dani SanMarco, CEM
 dani@nyspma.org

NYSPMA

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www.nyspma.org/ny19