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Company Name		
Mailing Address		
City, State, Zip		
Contact Name		
Contact Phone		
Contact Email Address*		
*All conference communication will take place via email		

SPONSORSHIP LEVEL

Titanium	\$45,000	○ Silver	\$20,000
Platinum	\$35,000	O Bronze	\$10,000
○ Gold	\$25,000	○ Copper	\$ 5,000

ADDITIONAL OPPORTUNITIES

O Dinner Symposium	\$ 35,000	O Info Booths + Guides	\$ 6,000
 Leadership Reception 	\$ 17,500	 Early Morning Coffee Station 	\$ 6,000
Lunch Symposium	\$ 17,500	Friday Saturday Sunday	
Onsite Registration	\$ 12,500	O Pocket Guide	\$ 6,000
 Morning or Afternoon Break Station 	\$ 10,000	O Printed Floorplan Map	\$ 6,000
Thursday Lunch Symposium	\$ 10,000	O Directional Floor Decals	\$ 5,000
Interactive Exhibitor Locator	\$ 7,500	O Post-Conference Thank You/Survey	\$ 2,500
○ Conference Lanyards	\$ 7,000	○ Conference Bag Inclusion	\$ 1,500
O Conference Bags	\$ 6,000	O Pre-Conference Attendee List	\$ 350

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	O American Exp	press
○ Check Payabl	e to Found	lation for Podiatri	ic Medicine
Payment Amoun	ıt		
Card Holder's N	ame		
Card Number			
Exp. Date	Sec	urity 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
- Saturday, January 19, 2019
- Sunday, January 20, 2019

9:30am - 5:30pm

9:30am - 5:30pm 9:30am - 1:30pm

CONTACT

Dani SanMarco, CEM dani@nyspma.org

555 Eighth Avenue | Suite 1902 New York, NY 10018

www.nyspma.org/ny19