



CONTACT INFORMATION

Company Name, Mailing Address, City, State, Zip, Contact Name, Contact Phone, Contact Email Address*

*All conference communication will take place via email

SPONSORSHIP LEVEL

Table with 4 columns: Level (Titanium, Platinum, Gold, Silver, Bronze), Price (\$45,000, \$35,000, \$25,000, \$20,000, \$10,000)

ADDITIONAL OPPORTUNITIES

Table with 4 columns: Opportunity Name, Price, Opportunity Name, Price (e.g., Leadership Reception \$17,500, Daily Break Stations \$5,000)

PAYMENT INFORMATION

A 50% deposit must accompany this form to reserve sponsorship. Payment is due in full by Friday, November 4, 2022.

Payment Method:

MasterCard, Visa, American Express, Check Payable to Foundation for Podiatric Medicine

Payment Amount, Card Holder's Name, Card Number, Exp. Date, Security Code, Card Holder's Zip Code

Signature

Grey box containing contact info: Email applications to dani@nyspma.org, Fax applications to 646-365-7426, Mail applications to 330 West 38th Street Suite 1105 New York, NY 10018



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 _____
ContactEmailAddress* _____

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Company Category (Please list one) _____

50-word Company Description Please use description from NY22 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: \$3,300 Standard Booth: \$4,000 Corner Booth: \$5,000 Premium Booth: \$6,000

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

Yes, I'd like to enhance my online profile with photos, videos, booth staff, social media handles and more: \$100

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Payment is due in full by Friday, November 4, 2022.

Payment is due in full for all applications received after Friday, November 4, 2022.

NYSPMA and/or Foundation for Podiatric Medicine will charge the remaining balance to the credit card below on Friday, November 4, 2022.

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 330 West 38th Street Suite 1105 New York, NY 10018



NYSPMA 330 West 38th Street, Suite 1105 New York, NY 10018 www.nyspma.org/ny23

NY23 EXHIBIT HALL HOURS

- Friday, January 20, 2023 9:30am - 5:30pm
Saturday, January 21, 2023 9:30am - 5:30pm
Sunday, January 22, 2023 9:30am - 1:00pm



CONTACT Dani SanMarco, CEM dani@nyspma.org



Company Name _____
Mailing Address _____
City, State, Zip _____
Contact Name _____ Contact Phone _____
Contact Email Address* _____

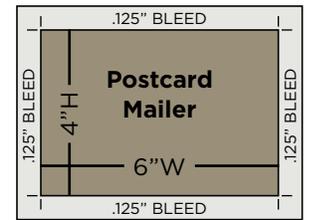
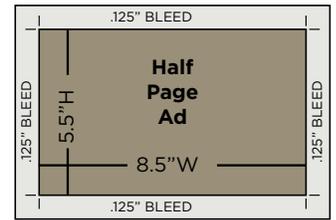
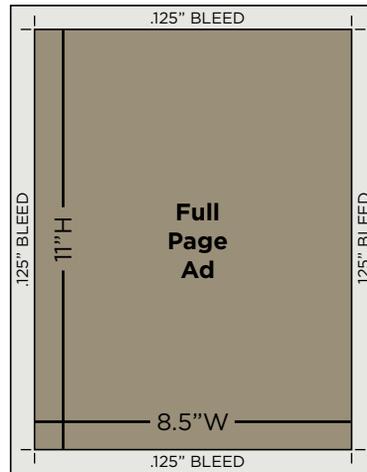
ADVERTISING OPTIONS

- Registration Brochure Ad \$ 500
8.5"W x 11"H + .125" Bleed*
Due: September 29, 2022
Pre-Conference Postcard Mailer \$ 1,000
6"W x 4"H + .125" Bleed* Due:
December 16, 2022
Digital Onsite Program Ad - Full Page \$ 750
8.5"W x 11"H + .125" Bleed * Due:
December 16, 2022
Digital Onsite Program Ad - Half Page \$ 500
8.5"W x 5.5"H + .125" Bleed*
Due: December 16, 2022

Advertising Bundle \$ 2,000
Full Page Registration and Digital Onsite Brochure
Ads, Postcard Mailer, and Pre-Conference List
Due: December 16, 2022

TOTAL \$ _____

ADVERTISING SPECS



Specs

- Files should be press-ready PDF, CMYK (no Pantone colors included), 300dpi images and fonts embedded
Files should include .125" bleed on all four sides and submitted with crop marks at the trim line
Logo files should be submitted as vector EPS files with any Pantone colors converted to CMYK— 300dpi JPGs are also acceptable

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