



EXHIBIT SPACE APPLICATION P18

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* _____

*All conference communication will take place via email

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

SOLD OUT!

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

PAYMENT INFORMATION

A 50% deposit must accompany this form to reserve sponsorship.

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
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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