

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 NY19 ☐ 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 1, 2019**.

Payment is due in full for all applications received after **November 1, 2019**.

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