

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

- | | | | |
|--------------------------------|----------|------------------------------|----------|
| <input type="radio"/> Titanium | \$45,000 | <input type="radio"/> Silver | \$20,000 |
| <input type="radio"/> Platinum | \$35,000 | <input type="radio"/> Bronze | \$10,000 |
| <input type="radio"/> Gold | \$25,000 | <input type="radio"/> Copper | \$ 5,000 |

ADDITIONAL OPPORTUNITIES

- | | | | |
|---|-----------|--|----------|
| <input type="radio"/> Dinner Symposium | \$ 35,000 | <input type="radio"/> Daily Break Stations | \$ 6,000 |
| <input type="radio"/> Leadership Reception | \$ 17,500 | _____ Friday _____ Saturday _____ Sunday | |
| <input type="radio"/> Lunch Symposium | \$ 17,500 | <input type="radio"/> Pocket Guide | \$ 6,000 |
| <input type="radio"/> Onsite Registration | \$ 12,500 | <input type="radio"/> Printed Floorplan Map | \$ 6,000 |
| <input type="radio"/> Thursday Lunch Symposium | \$ 10,000 | <input type="radio"/> Directional Floor Decals | \$ 5,000 |
| <input type="radio"/> Interactive Exhibitor Locator | \$ 7,500 | <input type="radio"/> NY20 Countdown Clock | \$ 5,000 |
| <input type="radio"/> Conference Lanyards | \$ 7,000 | <input type="radio"/> Post-Conference Thank You/Survey | \$ 2,500 |
| <input type="radio"/> Conference Bags | \$ 6,000 | <input type="radio"/> Conference Bag Inclusion | \$ 1,500 |
| <input type="radio"/> Info Booths + Guides | \$ 6,000 | <input type="radio"/> Innovation Theaters | \$ 1,500 |
| | | <input type="radio"/> 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 1, 2019**.

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

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 _____

Email applications to
dani@nyspma.org

Fax applications to
 646-365-7426

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