



Virtual Conference Exhibitor and Sponsorship Order Form

Company Name: _____

Contact: _____

Email (main contact for
conference communication) _____

Phone: _____

Company Address _____

Company Address 2 _____

City _____ State _____ ZIP _____

I agree to the NY21 Virtual Exhibit Booth Contract Rules and Regulations:

Signature _____

EXHIBITS (please select)

Standard Booth. \$900

Premium Booth \$1500

SPONSORSHIPS (please select - booth NOT included)

Platinum \$8,000

Gold \$5000

Bronze \$3000

ADVERTISING/ADD-ONS (please select)

NY21 Treasure Trek \$500

Digital Product Showcase \$300

Pre-Conference Attendee List \$250

President's Message \$1,000

Post-Conference Attendee List \$350

Conference Guide (full page ad) \$500

Category: Indicate up to three categories that best describe your products and/or services.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ambulatory Devices | <input type="checkbox"/> Computer Software | <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Schools and Associations |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Equipment - Diagnostic | <input type="checkbox"/> Publications | <input type="checkbox"/> Shoes and Hosiery |
| <input type="checkbox"/> Billing: Software or Services | <input type="checkbox"/> Implants & Surgical Devices | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Skin Care |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Instruments | <input type="checkbox"/> Orthotics & Corrective Devices | <input type="checkbox"/> Treatment/Therapy Modalities |
| <input type="checkbox"/> Chairs/ Other Podiatric Equipment | <input type="checkbox"/> Laboratory & Diagnostic Services | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Wound Care |

PAYMENT INFORMATION

Full payment is due to reserve the above.

Email applications to dani@nyspma.org or fax to 646-365-7426

Payment Method: (circle) MC Visa American Express Check*

*For all check payments, please submit this form and we will issue you an invoice to pay from.

Payment Amount \$ _____

Card Holder's Name _____

Card Number _____ Exp Date _____

Security Code _____ ZIP Code _____

Signature _____

For Office Use Only:

Booth: _____ Sponsor: _____ Adv: _____

TOTAL: _____