

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

Platinum	\$50,000	Gold	\$25,000	Silver	\$20,000
Bronze	\$10,000	Copper	\$5,000		

ADDITIONAL OPPORTUNITIES

President's Happy Hour	\$ 30,000	Daily Break Stations	\$ 5,000
Branded Virtual Reality Experience	\$ 20,000	___ Friday ___ Saturday ___ Sunday	
Conference Wi-Fi	\$ 17,500	Online Registration Banner & Email	\$ 4,000
Onsite Registration	\$ 12,500	NY25 Countdown Clock	\$ 3,500
Branded Charging Emporium	\$ 12,000	Restroom Mirror Clings	\$ 3,500
Branded Photo Alley	\$ 12,000	Water Bottles & Filling Stations	\$ 3,500
Thursday Coding Seminar Lunch Symposium	\$ 10,000	Directional Floor Decals	\$ 3,000
Lunch Symposium (+ Actual F&B) Non CECH	\$ 7,500	Conference Lanyards (sponsor produced)	\$ 3,000
Conference Bags (sponsor produced)	\$ 6,000	Post-Conference Thank You/Survey	\$ 2,500
		Conference Bag Inclusion	\$ 1,000
		Pre-Conference Attendee List	\$ 400
		Attendee Educational Workshop	Unrestricted Grant

PAYMENT INFORMATION

A 50% deposit must accompany this form to reserve sponsorship.
 Payment is due in full by **Thursday, November 1, 2024**.
 Payment is due in full for all applications received after **Thursday, November 1, 2024**.
 NYSPMA and/or Foundation for Podiatric Medicine will charge the remaining balance to the credit card below on **Thursday, November 1, 2024**.

Payment Method:

MasterCard Visa American Express
 Check Payable to Foundation for Podiatric Medicine

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

Signature _____

Email applications to
kkoza@nyspma.org

Fax applications to
 646-365-7426

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