

CONTACT INFORMATION

Company Name (as it will appear in materials) _____

Mailing Address (as it will appear in 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 (list one) _____

50-Word Company Description _____

Booth Selection

1 _____ 2 _____ 3 _____

Competitors you'd prefer not to be placed next to:

1 _____ 2 _____ 3 _____

Placement cannot be guaranteed, but every effort will be made to honor your request.

BOOTH SELECTION

Table at Coding Seminar* \$2,500 Mini Booth (8x8) \$4,000 Mini Booth Corner (8x8) \$4,500

Standard Booth (10x10) \$5,000 Corner Booth (10x10) \$6,000 Premium Booth (10x10) \$7,000

** Available Thursday Only*

_____ No. of Booths X _____ Booth Cost \$ _____ Total Due

PAYMENT INFORMATION

MasterCard Visa American Express

Check Payable to NYSPMA

Payment Amount _____

Cardholder Name _____

Card Number _____

Card Address _____

Exp. Date _____ Security Code _____ Cardholder's Zip Code _____

Signature _____

• A 50% deposit must accompany this form to reserve sponsorship. Payment is due in full by Friday, November 7, 2025.

Payment is due in full for all applications received after Friday, November 7, 2025

• NYSPMA and/or Foundation for Podiatric Medicine will charge the remaining balance to the credit card below on November 7, 2025

EMAIL APPLICATIONS TO

Karen Koza at kkoza@nyspma.org

OR MAIL APPLICATIONS TO

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



NYSPMA

330 West 38th Street, Suite 1105
New York, NY 10018
www.nyspma.org/ny26

NY26 EXHIBIT HALL HOURS

• Friday, January 23 9:30am - 5:30pm
• Saturday, January 24 9:30am - 5:30pm
• Sunday, January 25 9:30am - 1:00pm

CONTACT

Karen Koza
kkoza@nyspma.org