

CONTACT INFORMATION

Company Name _____
 Mailing Address _____
 City, State, Zip _____
 Contact Name _____
 Contact Phone _____
 Contact Email Address* _____

*All conference communication will take place via email

Speaking and Presenting Partnerships

- | | |
|---|--------------------|
| <input type="radio"/> Lunch Symposium (+F&B) | \$7,500 |
| <input type="radio"/> Attendee Educational Workshop | \$7,500 - \$10,000 |
| <input type="radio"/> Attendee Promotional Workshop | \$7,500 - \$10,000 |
| <input type="radio"/> Speaker Sponsorship | \$5,000 - \$7,500 |

Hosting Partnerships

- | | |
|--|----------|
| <input type="radio"/> President's Cocktail Reception | \$30,000 |
| <input type="radio"/> Happy Feet Happy Hour Thursday | \$15,000 |
| <input type="radio"/> Happy Feet Happy Hour Friday | \$15,000 |
| <input type="radio"/> Happy Feet Happy Hour Saturday | \$15,000 |
| <input type="radio"/> Snack Bar Friday | \$ 7,500 |
| <input type="radio"/> Snack Bar Saturday | \$ 7,500 |
| <input type="radio"/> Young Members Reception | \$ 7,000 |
| <input type="radio"/> NYSPMA Café Table Friday | \$ 2,000 |
| <input type="radio"/> NYSPMA Café Table Saturday | \$ 2,000 |
| <input type="radio"/> NYSPMA Café Table Sunday | \$ 2,000 |

Branding Partnership

- | | |
|---|----------|
| <input type="radio"/> Branded Conference Wi-Fi | \$25,000 |
| <input type="radio"/> "On the Go" "Bags and Bevs" | \$20,000 |
| <input type="radio"/> Custom Key Cards | \$13,000 |
| <input type="radio"/> Onsite Registration | \$12,500 |
| <input type="radio"/> Conference Lanyards | \$10,000 |
| <input type="radio"/> Daily Break Stations Friday | \$ 8,000 |
| <input type="radio"/> Daily Break Stations Saturday | \$ 8,000 |
| <input type="radio"/> Daily Break Station Sunday AM | \$ 4,000 |
| <input type="radio"/> Online Registration | \$ 5,000 |
| <input type="radio"/> Restroom Mirror Clings | \$ 6,000 |
| <input type="radio"/> Coat Check | \$ 5,000 |
| <input type="radio"/> Directional Floor Decals | \$ 4,000 |
| <input type="radio"/> NY26 Countdown Clock | \$ 3,500 |

Outreach Opportunities

- | | |
|--|----------|
| <input type="radio"/> Conference Bag Inclusion | \$ 1,500 |
| <input type="radio"/> Pre-Conference Attendee List | \$ 1,500 |

PAYMENT INFORMATION

- ☐ MasterCard ☐ Visa ☐ American Express
☐ Check Payable to Foundation for Podiatric Medicine

Company Name _____
 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 8, 2025.

Payment is due in full for all applications received after Friday, November 8, 2025

- NYSPMA and/or Foundation for Podiatric Medicine will charge the remaining balance to the credit card below on November 8, 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
- Saturday, January 24
- Sunday, January 25

9:30am - 5:30pm
 9:30am - 5:30pm
 9:30am - 1:00pm

CONTACT

Karen Koza
kkoza@nyspma.org