

2009 COMMERCIAL EXHIBITOR RESERVATION FORM

NYS AHPERD 72nd Annual Conference, November 18-21, 2009
Turning Stone Resort and Convention Center ~ Verona, New York

Company Name: _____

Exhibitor Booth Fee

*Exhibitor Booth Fees Include 1 Free 30-Minute Demonstration in the Exhibit Hall (limit 8 companies).

\$550

-postmarked on or before 6/30

\$650

-postmarked on or before 10/15

\$750

-postmarked after 10/15

Booth Number Preference

_____ 1st choice _____ 3rd choice

_____ 2nd choice _____ 4th choice

Demonstration

Please check box if your company is interested in doing a **FREE 30-Minute Demonstration** in the Exhibit Hall. (Limit 8 companies)

Please list the names of two representatives that will be attending the conference.

1. _____

2. _____

Conference Stuffer

\$395

Sample product required with this form.

Sponsorship Package Fee

\$1,000 General Session

\$2,000 Jay B. Nash Awards Dinner

\$2,000 Attendee Badge Reels

\$5,000 Conference Memento

Commercial Presentation

\$175 ~ Please be sure you have read the Exhibitor Information & Policies brochure regarding presentations.

Electronic Real Estate

\$400 ~ NYS AHPERD Conference Registration
Please complete electronic real estate sheet.

Advertising Opportunities:

Conference Program

\$175 half page \$100 quarter page \$250 full page \$375 inside front cover \$425 back cover

Fall 2009 Newsletter

Distributed to 11,000+ individuals

\$450 full page

\$350 half page

\$200 1/4 page

Winter 2010 Newsletter

Distributed to 3,500+ individuals

\$350 full page

\$200 half page

\$125 1/4 page

Spring 2010 Newsletter

Distributed to 3,500+ individuals

\$350 full page

\$200 half page

\$125 1/4 page

Please contact Stephanie Gray at sgray@nysahperd.org for additional newsletter advertising opportunities and package options.

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

I _____ AGREE TO THE TERMS AND CONDITIONS AS OUTLINED ON THE EXHIBITOR INFORMATION AND POLICY SHEET. (SIGNATURE REQUIRED)

Return form with payment to:
Jessica A. Synenki, Conference Director
NYS AHPERD, 77 North Ann Street, Little Falls, NY 13365
Phone: 315-823-1015 ~ Fax: 315-823-1012 ~ Email: jsynenki@nysahperd.org

Total Payment Enclosed \$ _____

Check payable to NYS AHPERD VISA MasterCard

Credit Card Number

Expiration Date Security Code

Cardholder's Name: _____
please print

Authorized Signature: _____

✔ Exhibitor Checklist ✔

- Have you completed the 2009 Commercial Exhibitor Reservation Form and Electronic Real Estate Form (if applicable)?
- Have you indicated the number of booth(s) and calculated the payment due?
- Have you indicated your 1st, 2nd, 3rd and 4th booth preferences?
- Have you listed the two company representatives' names attending the conference?
- Have you indicated which publication(s) you are advertising in?
- Have you included a sample product for the conference stuffer?
- Have you indicated your method of payment?
- Have you enclosed your payment?
- Have you signed in acknowledgment of the terms and conditions above?
- Has the authorized credit card holder signed above?