

# 2023 Annual Conference Partnership Opportunities with NYSADSAApril 13-14Sonesta White PlainsWhite Plains, NY

**The New York State Adult Day Services Association (NYSADSA)**

cordially invites your company to partner with us to help forward our collective missions, and increase awareness of your company and its services/products to Adult Day Services providers across the entire Empire State.

 **Conference Attendance:** 75–100
Exhibit Hours: Thursday, April 13 | 9:00 a.m. – 4:00 p.m. & Friday, April 14 | 8:00 a.m. – 12:00 p.m.
Exhibit Set-up: Thursday, April 13 | 6:00 – 8:30 a.m.

**Professional Partnership Opportunities**

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| **Exhibit/Sponsor** | **Price** |
| **Exhibit Booth** | **$600** |
| **Breakfast Sponsor**  | **$800** |
| **Lunch Sponsor**  | **$800** |
| **Conference Sponsor** |  **$2,500** |
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| **Conference Program** | **Price** |
| Back Cover Ad (7 ½ x 9 ¼”) | $400 |
| Inside Cover Ad (7 ½ x 9 ¼”) | $300 |
| Full Page Ad (7 ½ x 9 ¼”) | $200 |
| Half Page Ad (7 ½ x 4 ½”) | $100 |
| Quarter Page Ad (3 ½ x 4 ½”) | $50 |
| Business Card Ad (3 ½” x 2 ¼”) | $25 |

**CONFERENCE PROGRAM INFORMATION**

 **All program ads are in color.**

**Artwork should be minimum 300 dpi and sent to nysadsa@caphill.com as a jpg or pdf.**

**Annual Conference program deadline is March 21.**

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| ***Exhibit Booth:****Exhibit Opportunities include:** *Booth (6’ skirted table)*
* *Program and Web Listing*
* *2 Conference Registrations*
 | ***Breakfast/Lunch Sponsor:****Breakfast/Lunch Sponsorship includes:** *Booth (6’ skirted table)*
* *Program and Web Listing*
* *Breakfast/Lunch Intro/Comment Time*
* *Full page Ad*
* *2 Conference Registrations*
 | ***Conference Sponsor:****Conference Sponsorship includes:** *Booth (6’ skirted table)*
* *Full Page Ad*
* *Program and Web Listing*
* *Intro/Comment Time*
* *Literature Handout*
* *Recognition on all Promotional Materials*
* *2 Conference Registrations*
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**For more information, contact:**

*NYSADSA Administrative Office*

(518) 694-5366 | nysadsa@caphill.com

**NYSADSA 2023 Annual Conference** 1

**Professional Partner Registration Form/Contract**

*Please complete this form and submit with payment to address listed below. Please send any artwork electronically to the NYSADSA Office at* *nysadsa@caphill.com**. Please keep a copy of this contract for your records. We will confirm all arrangements with you upon receipt of paperwork.*

Company/Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit/Sponsorship Opportunities**

\_\_\_\_ Conference Sponsor - $2,500.00 \_\_\_\_ Breakfast Sponsor - $800

\_\_\_\_ Lunch Sponsor - $800.00 \_\_\_\_ Exhibit Booth - $600.00

**Conference Program Opportunities**

\_\_\_\_\_ Back Cover Ad - $400.00 \_\_\_\_\_ Inside Cover Ad - $300.00 \_\_\_\_\_ Full Page Ad - $200.00

\_\_\_\_\_ Half Page Ad - $100.00 \_\_\_\_\_ Quarter Page Ad - $50.00 \_\_\_\_\_ Business Card Ad - $25.00

**Additional Company Meal Tickets**

Breakfast: Total # \_\_\_\_\_\_\_\_\_\_ x $30.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch: Total # \_\_\_\_\_\_\_\_\_\_ x $50.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_ Check Enclosed (Please make payable to: NYSADSA)

\_\_\_ Credit Card

 Type of Card: \_\_ Visa \_\_\_ MasterCard \_\_\_\_ Amex \_\_\_Discover

 Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Company Name: 2

**Company Representatives Attending**

Please indicate who will be representing your company at the Conference. You may add other names from the time of registration right through to the conference—just contact NYSADSA.

*Please check your sponsorship level which indicates which meals are provided by NYSADSA for your representatives. Additional individual conference meal tickets can also be purchased.*

**Name(s) Breakfast/Lunch**

**Representative 1:**

x Included

**Representative 2:**

x Included

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###### Additional Company Representatives/Attendees

**Name(s) Breakfast Lunch**

**Representative 3:**

**Representative 4:**

**Representative 5:**

**Representative 6:**

|  |  |
| --- | --- |
| **Questions?**Please contact the NYSADSA office at:518-694-5366nysadsa@caphill.com | **Submit this form to:****Email to**: nysadsa@caphill.com**Fax to:** (518) 463-8656**or Mail to:** NYSADSA Annual Conference230 Washington Avenue Extension, Suite 101Albany, NY 12203 |