



New York State Adult Day Services Association Inc.

## 2017 Annual Conference Partnership Opportunities with NYSADSA

October 24-26, 2017

Holiday Inn Express & Suites

400 Old Loudon Road, Latham, NY 12110

**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: Wednesday, October 25, 2017 9:00 a.m. – 4:00 p.m.

Thursday, October 26, 2017 8:00 a.m. – 12:00 p.m.

### PARTNERSHIP OPPORTUNITIES

We offer the following opportunities to be visible at this event:

Exhibit/Sponsor	Price
Exhibit Booth	\$350
Lunch Sponsor	\$650
Dinner Sponsor	\$850
Conference Sponsor	\$1,500
<b>Conference Program</b>	
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

All ads are in color  
 Artwork should be minimum 300 dpi and sent to [nysadsa@caphill.com](mailto:nysadsa@caphill.com) as a jpg or pdf.  
 Annual Conference program deadline is Friday, October 6, 2017

#### **Exhibit Booth:**

- Exhibit Opportunities include:*
- Booth (6' skirted table)
  - Program and Web Listing
  - 1 Lunch each day (Wednesday & Thursday)

#### **Lunch Sponsor:**

- Lunch Sponsorship includes:*
- Booth (6' skirted table)
  - Program and Web Listing
  - Lunch Intro/Comment Time
  - ½ page Ad
  - 2 Lunches each day (Wednesday & Thursday)

#### **Dinner Sponsor:**

- Dinner Sponsorship includes:*
- Booth (6' skirted table)
  - Program and Web Listing
  - Dinner Intro/Comment Time
  - ½ page Ad
  - 2 Lunches (each day) & 2 Dinners (1 Day)

#### **Conference Sponsor:**

- Conference Sponsorship includes:*
- Booth (6' skirted table)
  - Full Page Ad
  - Program and Web Listing
  - Intro/Comment Time
  - Literature Handout
  - 2 Lunches (each day) & 2 Dinners (1 Day)

**For more information, contact:**

NYSADSA Administrator - Victoria Palasieski

(518) 694-5366

[nysadsa@caphill.com](mailto:nysadsa@caphill.com)



# NYSADSA 2017 Annual Conference

## 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](mailto: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 - \$1,500.00

\_\_\_\_ Dinner Sponsor - \$850.00

\_\_\_\_ Lunch Sponsor - \$650.00

\_\_\_\_ Exhibit Booth - \$350.00

### 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

Lunch (Wednesday & Thursday): Total # \_\_\_\_\_ x \$60.00 = \$ \_\_\_\_\_

Dinner (Wednesday): Total # \_\_\_\_\_ x \$45.00 = \$ \_\_\_\_\_

**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: \_\_\_\_\_

**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)

**Representative 1:** \_\_\_\_\_ x Included \_\_\_\_\_

**Representative 2:** \_\_\_\_\_ x Included \_\_\_\_\_

Additional Company Representatives/Attendees

Name(s)	Lunch	Dinner
<b>Representative 3:</b> _____	_____	_____
<b>Representative 4:</b> _____	_____	_____
<b>Representative 5:</b> _____	_____	_____
<b>Representative 6:</b> _____	_____	_____
<b>Representative 7:</b> _____	_____	_____
<b>Representative 8:</b> _____	_____	_____

<p align="center"><b>Questions?</b></p> <p>Please contact the NYSADSA office at: 518-694-5366 <a href="mailto:nysadsa@caphill.com">nysadsa@caphill.com</a></p>	<p align="center"><b>Submit this form to:</b>  <b>Email to:</b> <a href="mailto:nysadsa@caphill.com">nysadsa@caphill.com</a>  <b>Fax to:</b> (518) 463-8656  <b>or Mail to:</b> NYSADSA 2017 Conference  230 Washington Avenue Extension, Suite 101  Albany, NY 12203</p>
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