

Company Name (as it will appear in marketing materials) _____
 Mailing Address (as it will appear in marketing materials) _____
 City, State, Zip _____
 Company Phone _____ Company Fax _____
 Company Website _____
 Contact Name _____ Contact Phone _____
 ContactEmailAddress* _____

**All conference communication will take place via email*

Company Category (Please list one) _____
 50-word Company Description Please use description from NY23 Included below (or will send today via email)

Booth Selection
 1. _____ 2. _____ 3. _____

Competitors you'd prefer not to be placed next to:
 1. _____ 2. _____ 3. _____

Kindly note that placement cannot be guaranteed, but every effort will be made to honor your requests.

BOOTH SELECTION

Mini -SOLD OUT Standard Booth: \$4,000 Corner Booth: \$5,000 Premium Booth: \$6,000
 _____ No. of booths X _____ Booth Cost \$ _____ Total Due

PAYMENT INFORMATION

A 50% deposit must accompany this form to reserve sponsorship.
 Payment is due in full by **Thursday, November 2, 2023**.
 Payment is due in full for all applications received after **Thursday, November 2, 2023**.
 NYSPMA and/or Foundation for Podiatric Medicine will charge the remaining balance to the credit card below on **Thursday, November 2, 2023**.

MasterCard Visa American Express Check Payable to NYSPMA
 Payment Amount _____
 Card Holder's Name _____
 Card Number _____
 Exp. Date _____ Security Code _____ Card Holder's Zip Code _____
 Signature _____

**Email applications to
 dani@nyspma.org**

**Fax applications to
 646-365-7426**

**Mail applications to
 330 West 38th Street
 Suite 1105
 New York, NY 10018**

