

EXHIBITOR CONTRACT

Tuesday, October 29, 2019: One Day Exhibit

(Please type or clearly print the information requested)

| |
|--|
| Business Name: |
| Name of Contact Person: |
| Phone Number: |
| Email Address: |
| Company Website: |
| Mailing Address: |
| City, State, Zip Code: |
| Names of Two Attending Exhibitors (for name badges): |
| Description of Your Product or Service to be Exhibited: |

Please check the appropriate boxes below.

- ☐ **EXHIBIT SPACE:** Please register our company for _____ booth(s) at **\$1,300.00 per booth.**
This package will include:
1. Booth (as described on the "Exhibit Fact Sheet")
 2. Vendor's company name listed in the Conference Program Book
 3. Meal registrations for **TWO (2)** Exhibitors per booth consisting of a continental breakfast, lunch, and our evening reception during the one-day exhibit on Tuesday, October 29th (**dinner will be on your own**)
 4. Your business logo and a hotlink to your website will be placed on the CP of NYS website for a 6 month period
- ☐ **AD JOURNAL:** As an exhibitor, I would like to take advantage of the 30% discount off normal Journal pricing and will advertise as indicated on the attached **Exhibitor Ad Journal Participation Form.**

A \$200.00 minimum deposit is required per booth. Any outstanding balance is due before October 7, 2019. Deposit and payments can be refunded up to four (4) weeks prior to the Conference with a written cancellation notice. Notification of cancellation after Monday, September 16, 2019 will be denied a refund.

A check is enclosed for the following amount

\$

Authorized Signature _____

Date _____

Please return completed and signed contract with check payable to:

Cerebral Palsy Associations of NYS, 3 Cedar Street Extension, Suite 2, Cohoes, NY 12047 ♦ tferguson@cpstate.org

For further information, please contact us at 518-436-0178.



Cerebral Palsy Associations
of New York State
Real people. Realizing potential.

EXHIBITOR FACT SHEET

2019 CP of NYS Annual Conference

Tuesday, October 29, 2019: One Day Exhibit

From 8:00am – 4:30pm

Saratoga Hilton Hotel

534 Broadway, Saratoga Springs, NY

Cost: **\$1,300**

Included:

✓ One Six Foot Skirted Table

✓ One Wastebasket

✓ Two Chairs

✓ One Electrical Outlet, if needed.

Please check the appropriate box: Yes ☐ or No ☐

✓ Your business logo and a hotlink to your website will be placed on the CP of NYS website for a 6-month period

NOTE: Additional booth items are available through The Saratoga Hilton. Please contact me if you need a price list or order form.

Set-up: **Monday, October 28 – 12:00-5:00 p.m.**

Break-Down: **Tuesday, October 29 – Between 5:00-8:00pm**

Ad Journal Discount: 30% Discount off of regular Ad Journal pricing when you take advantage of this opportunity.

Contact Us: Tim Ferguson, Exhibit Coordinator
CP of NYS, 3 Cedar Street Extension, Suite 2, Cohoes, NY 12047
(518) 436-0178 – tferguson@cpstate.org

2019 On-line
Annual Conference Journal
EXHIBITOR PARTICIPATION FORM

COMPANY/AGENCY NAME: _____
(Please print clearly)

ADDRESS: _____
Street Address City State Zip

CONTACT PERSON: _____
Name Title

Phone Number Fax Number E-Mail Address

LINK TO WEB SITE: _____ AUTHORIZED BY: _____

ON-LINE JOURNAL AD ONLY SIZE/COST

Please indicate (✓) your level of participation.

| | Original Cost | Exhibitor's 30% Discount! |
|--------------------------------------|-----------------------|------------------------------|
| <input type="checkbox"/> Gold Page | \$1,500.00 | \$1,050.00 |
| <input type="checkbox"/> Silver Page | \$1,000.00 | \$ 700.00 |
| <input type="checkbox"/> Full Page | \$ 800.00 | \$ 560.00 |
| <input type="checkbox"/> Half Page | \$ 500.00 | \$ 350.00 |

ARTWORK SUBMISSION: Color or B/W

- ☐ Reprint last year's ad* with **NO CHANGES**.
- ☐ Reprint last year's ad* **WITH THE CHANGES INDICATED on the attached sample.**
- ☐ Will email artwork. (Please follow the Submission Guidelines provided.)

**SEE SUBMISSION GUIDELINES
FOR SIZING & SUBMITTING AD LAYOUTS**

*To view ad from last year (if available), please contact Cheryl Bradway at cbradway@cpstate.org.

CONFIRM YOUR PARTICIPATION TODAY!

Please Email or FAX this completed form to Cheryl Bradway at cbradway@cpstate.org

Phone: (518) 436-0178 FAX: (518) 436-8619
Mail checks made payable to: CP of NYS
3 Cedar Street Extension, Suite 2, Cohoes, NY 12047

ARTWORK NEEDED BY 9/30/2019

Artwork can be: Color or B/W

Size Specifications:

- ☐ **Gold/Silver Pages:** 6.5" w x 8.5" h ☐ **Full Page:** 7.5" w x 9.5" h ☐ **Half Page:** 7.5" w x 4.5" h

Preferred Format: PDF – High quality resolution (300dpi)

Formatting Tips for Other Files:

InDesign: Make sure to package or collect all inks and fonts using software package tool.
Save InDesign file as **.indd**

Illustrator: Fonts can be converted to paths. Save Illustrator files as **.ai**

Photoshop: Save image as a High Resolution (300dpi). Rasterize fonts. Save as **.psd**

How to Submit Files:

- ☐ **EMAIL:** Files can be emailed to cbradway@cpstate.org. Please include a copy of your completed Participation Form.
- ☐ **FTP:** Large files can be uploaded to:
<https://cpofnys.deliveredsecure.com/dropoff/679584>
Please upload a ZIPPED folder when sending multiple files.
When you click on the link above, enter your first name, last name, email address, any comments you have, then upload your file and send. A confirmation will be sent to you when your file has been downloaded. (Please Email cbradway@cpstate.org when files have been uploaded.)
Acknowledgement of receipt will be sent to you within 48 hours.

CP of NYS to Create Your Ad

If you would like us to create your ad, please provide the following to cbradway@cpstate.org:

- ☐ **Your company logo and/or image** in above file formats and at least the same size as should print.
- ☐ **Provide any specific directions.** Sketches are always helpful.
- ☐ **The message you want to include**
Sample messages
 - Congratulations to Cerebral Palsy Associations of New York State from “Advertiser”;
 - “Advertiser” proudly supports the work of Cerebral Palsy Associations of New York State;
 - Best wishes from your friends at “Advertiser”.*Acknowledgement of receipt will be sent within 48 hours.*

Questions:

For questions, please contact Cheryl Bradway at (518) 436-0178 or cbradway@cpstate.org.