

YOU NOW²⁰¹⁹

CP of NYS Annual Conference
October 28-30

June 12, 2019

Dear Affiliate Exhibitors:

Cerebral Palsy Associations of New York State's (CP of NYS) Annual Conference takes place Monday, October 28 through Wednesday, October 30, 2019 at the Saratoga Hilton Hotel, 534 Broadway, Saratoga Springs, NY 12866. We hope that you will take advantage of this opportunity to display your products or services to the more than 700 attendees from across the state.

We are offering exhibit space on **Tuesday, October 29** that will include a 6-foot skirted table (side and back draping will not be available). Exhibiting at our Conference would give you the opportunity to showcase your products and services with other Affiliates of CP of NYS and additional people in our field attending the Conference. We will have only twenty (20) prime exhibitor spaces available, so we encourage you to act quickly on this opportunity. This is a great opportunity to network with other non-Affiliate businesses that will also be participating in the CP Marketplace.

CP of NYS and its Affiliates provide education, health, residential, day and other habilitative services to over 100,000 people with disabilities across the State and our Affiliate organizations' operating expenses total over \$925 million. The Conference provides an opportunity for key decision-makers, people with disabilities and family members to exchange ideas and learn about resources available to them. There are over 700 people who attend this event with approximately 600 people in attendance on Tuesday. The Exhibitors' booths will be located in the same area as the beverage breaks, thus increasing the amount of traffic between sessions.

Exhibitors have been an important part of our Conferences in the past and we value your support in making our upcoming Conference a success!

Attached you will find the **Affiliate Exhibit Contract and Fact Sheet**. The **Fact Sheet** will explain in detail what supplies you will receive with your booth space. Please be sure to send the **Contract** to me as soon as possible. **Booth space is extremely limited and will be filled on a first come-first served basis** so please be sure to return your signed contract with your check as soon as possible.

Further information on our Conference will be available on our website at www.cpstate.org.

I look forward to hearing from you. If you have any questions, please do not hesitate to contact me anytime.

Sincerely,



Tim Ferguson
Exhibit Coordinator



Stephen C. Lipinski
Chairman

Susan Constantino
President & CEO

Idajean Windell, Ed.D.
Conference Chair



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

2019 CP of NYS Annual Conference

**October 28-October 30
Saratoga Hilton Hotel**

FACT SHEET

Affiliate CP Marketplace

Tuesday, October 29, 2019: One Day Exhibit

From 8:00am – 4:30pm

Saratoga Hilton Hotel

534 Broadway, Saratoga Springs, NY

INCLUDED:

✓ **One Six Foot Skirted Table**

✓ **One Wastebasket**

✓ **Two Chairs**

✓ **One Electrical Outlet, if needed.**

Please check the box on the Participation Form.

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

CONTACT US:

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



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RESPONSE FORM

Affiliate CP Marketplace

Tuesday, October 29

AFFILIATE NAME: _____
(Please print clearly)

ADDRESS: _____
Street Address City State Zip

CONTACT PERSON: _____
Name Title
Phone Number Email Address

AUTHORIZED BY: _____

RESERVE YOUR SPACE TODAY!

Please read & check option below:

☐

YES, we will participate in the CP Market

☐

NO, we are not interested at this time

Spaces available on a first-come first-served basis

Name of business or program participating: _____

Briefly describe what you will display: _____

Business or program website: _____

Name & Title of 1st Exhibitor attending: _____

Name & Title of 2nd Exhibitor attending: _____

Please check here if you need an Electrical Outlet: _____

Call Tim Ferguson or Email or FAX this completed form to:

Email: tferguson@cpstate.org ♦ Phone: (518) 436-0178 ♦ FAX: (518) 436-8619

CP of NYS, 3 Cedar Street Extension, Suite 2, Cohoes, NY 12047

Please respond As Soon As Possible