NEW YORK STATE BAR ASSOCIATION

SPONSOR/EXHIBITOR REGISTRATION FORM **Trusts & Estates** Name of main contact **Law Section** Name(s) and city of on-site representative(s) for name badge: **Fall Meeting** October 18-19,2018 Firm/Company ___ as it is to appear on the program and any signage The Sagamore Resort 110 Sagamore Road **Bolton Landing, NY** City _____ State ____ Zip _____ **Program Information:** Please email your logo in a high SPONSOR/EXHIBITOR OPPORTUNITIES definition tif or jpg file for inclusion Exhibitor fees are NOT included with sponsorship. Please see in the program. We cannot include below for Exhibitor Fees. All sponsorship opportunities can be any logo in word format. You should done in whole or part. send your logo directly to Lisa Bataille Thursday, October 18, Sponsorship Opportunities lbataille@nysba.org. Your firm's logo ☐ Host general session mid-afternoon refreshment break @ \$2,000 will be included in the official program ☐ Host audio visual equipment for general session @ \$2,500 brochure posted on the Section's ☐ Host hors d'oeuvres during the reception @ \$3,000 website and distributed at the meeting. ☐ Host bar during the reception at dinner @ \$3,000 All payments and logos must be ☐ Host wine with dinner @ \$2,000 received no later than September 15th, ☐ Host dinner @ \$8,500 2018 for inclusion in the final program. Friday, October 19, Sponsorship Opportunities ☐ Host continental breakfast @ \$3,500 ☐ Host general session mid-morning refreshment break @ \$1,500 Send payment to: ☐ Host audio visual equipment for general session @ \$2,500 Lisa Bataille Chief Section Liaison ☐ Exhibitor fee @ \$2,000 Includes a draped table, two chairs and one complimentary New York State Bar Association registration to the social events. Additional representatives must pay the guest fee to One Elk Street attend the social events. Electrical hook-ups, DID lines, Internet access and audio visual Albany, NY 12207 requirements must be arranged with the Hyatt Regency at the vendor's expense. Fax: 518-463-5993 PAYMENT INFORMATION Check or money order enclosed in the amount of \$ _____

(Please make checks payable to the **New York State Bar Association**.)

Card number:____

Authorized Signature: _____

Charge \$ ______ to □ Visa □ American Express □ Discover □ MasterCard

_____Expiration Date: _____

