

# NEW YORK STATE BAR ASSOCIATION

## 2019 NYSBA Annual Meeting

Reservation of Exhibit Space/Sponsorship Opportunity  
Monday-Friday, January 14-18, 2019 | | New York Hilton Midtown, New York, NY

To: Paolino Curto, Marketing & Member Engagement Specialist | **Phone/Fax:** 518-487-5676 | **Email:** [pcurto@nysba.org](mailto:pcurto@nysba.org)

**From:**

**Company/Firm:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## EXHIBITOR LEVEL

**(due date Friday, December 14, 2018)**

Each exhibitor/sponsor may send two (2) booth representatives per day to man their exhibitor table. Please complete the below for each person who will man your booth between Tuesday and Thursday.

Booth representatives are allowed access to the exhibit hall only. If booth representatives would like to attend a section meeting or section luncheon, they must register at [nysba.org/am2019](http://nysba.org/am2019) and pay the associated fees.

### Booth Representative #1:

**Company/Firm:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Booth Representative #2:

**Company/Firm:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_



**Booth Representative #3:**

Company/Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Booth Representative #4:**

Company/Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Booth Representative #5:**

Company/Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Booth Representative #6:**

Company/Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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