

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

From:

Company/Firm: _____

Contact Name: _____

Title/Position: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

GOLD SPONSOR

(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 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: _____

