



2017 Long Island Regional Conference

December 7, 2017 | Radisson Hotel, Hauppauge, New York

Thank you to our sponsors:



Turfgrass
Environmental
Stewardship Fund

Event Chairman -
John Carlone, CGCS

\$1,000 Premier Sponsorship

- Multiple sponsorships available
- Company logo on all email announcements
- Verbal recognition on-site
- Company logo on sign displayed at registration
- Complimentary registration for two (2) company representatives and booth (\$325 value)
- Three (3) minute presentation of new products or services on-site
- Complimentary NYSTA Group Membership (up to three people) for 2018 (\$345 value)
- Two (2) complimentary sponsorships for the NYSTA ShortCUTT Newsletter for 2018 (\$300 value)

\$750 Speaker Sponsorship

- Multiple sponsorships available
- Company logo on all email announcements
- Verbal recognition on-site
- Company logo on on-site signage in education sessions
- Complimentary registration for one (1) company representative and booth (\$225 value)
- Complimentary NYSTA Individual Membership for 2018 (\$130 value)
- One (1) complimentary sponsorship for the NYSTA ShortCUTT Newsletter for 2018 (\$150 value)

\$500 Lunch or AM Break Sponsorship

- Multiple sponsorships available
- Company logo on all email announcements
- Verbal recognition on-site
- Company logo on on-site signage during lunch or AM break

Yes, I am interested in supporting the 2017 Long Island Regional Conference at the following sponsorship level:

Premier Sponsorship - \$1,000

Speaker Sponsorship - \$750

Lunch Sponsorship - \$500

AM Break Sponsorship - \$500

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Return this sponsorship form to Jill Cyr at: New York State Turfgrass Association, PO Box 612, Latham, NY 12110; Phone: (518) 783-1229; Fax: (518) 783-1258 and Email: jill@nysta.org.

Deadline for sign printing is November 24, 2017.

Please make checks payable to NYSTA or provide the following:

VISA

MasterCard

AMEX

Signature: _____

Card Number: _____ Exp. Date: _____ CIN #: _____

Billing Address: _____