

SPONSORSHIP OPPORTUNITIES

\$1,250 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 three company representatives and booth (\$450 value)
- Three minute presentation of new products or services on-site
- Complimentary NYSTA Group Membership (up to three people) for 2019 (\$375 value)

\$1,000 Conference 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 company representatives and booth (\$350 value)
- Complimentary NYSTA Individual Membership for 2019 (\$140 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 company representative and booth (\$250 value)
- Complimentary NYSTA Individual Membership for 2019 (\$140 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

2018 Long Island Regional Conference Sponsorship Form

Yes, I am interested in supporting the 2018 Long Island Regional Conference at the following sponsorship level:

Premier Sponsorship - \$1,250

Conference 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 26, 2018.**

Please make checks payable to NYSTA or provide the following:

VISA

MasterCard

AMEX

Card Number: _____

Signature: _____ Exp. Date: _____ CIN #: _____

Billing Address: _____