NYSTA Education Day

Capital Region

December 16, 2025 | Crowne Plaza Albany-Desmond Hotel
Albany, New York

SPONSORSHIP OPPORTUNITIES

$1,800 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
One Complimentary NYSTA Individual Membership for 2026

$1,300 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

$1,000 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

$1,000 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
Complimentary registration for one company representative and booth

$800 Supporter Sponsorship

Multiple sponsorships available
Verbal recognition on-site
Company logo on on-site signage at registration

2025 NYSTA Education Day - Sponsorship Form

Yes, I am interested in supporting NYSTA Education Day at the following sponsorship level:

- ☐ Premier Sponsorship - $1,800
- ☐ Conference Sponsorship - $1,300
- ☐ Speaker Sponsorship - $1,000
- ☐ Lunch Sponsorship - $1,000
- ☐ AM Break Sponsorship - $1,000
- ☐ Supporter Sponsorship - $800

Name: _____

Company: _____

Address: _____

Phone: _____ Fax:

Email: _____

Return this sponsorship form to:

New York State Turfgrass Association, PO Box 612, Latham, NY 12110;
Phone: (518) 783-1229; Fax: (518) 783-1258 or Email: sue@nysta.mobi

Deadline for sign printing is December 6, 2025.

Please make checks payable to NYSTA
or provide the following:

☐ VISA ☐ MasterCard ☐ AMEX

Signature: _____

Card Number: _____

Exp. Date: _____ CIN #: _____

Full Billing Address: _____

Email Address for Receipt: _____