

# 2018 NYSOTA ANNUAL CONFERENCE

## ADVERTISING OPPORTUNITIES & ORDER FORM

NEW YORK STATE OCCUPATIONAL THERAPY ASSOCIATION



Renew  
Revive  
Rebuild

There's nOThing we can't do.

### Show your support for NYSOTA with an ad in the Conference Program!

Promote your business or share a message of appreciation and support for OT practitioners and students. Purchase an ad in the NYSOTA Conference Program, a high-quality booklet distributed to everyone who attends the Annual State Conference in November.

The conference brings together hundreds of occupational therapy practitioners, students and faculty from across New York State, as well as neighboring states, for a weekend of education, networking and celebration.

#### CONFERENCE PROGRAM AD

see order form for sizes & prices

The NYSOTA Conference Program is regularly referenced by all conference attendees. It includes the program schedule and information about the educational sessions offered.

- Artwork deadline is 10/1/18
- Images with fonts embedded are preferred
- Ads must be non-bleed
- Format: jpg, pdf files
- Resolution: 300dpi at 100%
- Instructions: Email artwork to michelles@nysota.org

#### CONFERENCE DATE & LOCATION

November 9 - 11, 2018  
HNA Palisades Premier Conference Center in Palisades, NY

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Selection:

#### CONFERENCE PROGRAM AD

##### Black & White Ads

1/4 page ad (2.375" x 3.875") \$75 \_\_\_\_\_  
1/2 page ad (5" x 3.875") \$125 \_\_\_\_\_  
Full page ad (5" x 8") \$250 \_\_\_\_\_

##### Full Color Ads

1/4 page ad (2.375" x 3.875") \$100 \_\_\_\_\_  
1/2 page ad (5" x 3.875") \$150 \_\_\_\_\_  
Full page ad (5" x 8") \$300 \_\_\_\_\_

#### Advertising Payment Information

Register online at: [www.nysota.org/event/2018-vendor-registration](http://www.nysota.org/event/2018-vendor-registration)

Mail to: PO Box 533, Chester, NY 10918 Make check payable to: NYSOTA

Email to: [info@nysota.org](mailto:info@nysota.org)

Total Due \$ \_\_\_\_\_

Form of Payment:

Check enclosed, payable to NYSOTA

Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

