

NYS ID/DD Nurses Association 33rd Annual Conference

September 24-26 2017

Albany Marriott

Exhibitor Registration Form

Company name _____

Address _____

Telephone _____

Representative(s) attending conference – name and title please:

Email of rep. attending conference _____

Description of product or service as you want it to appear in conference materials _____

Please read the Exhibitor Policies.

Exhibit requirements:

Display table - Exhibitor fee \$475

Double size space with two tables – Exhibitor fee \$800

Electricity at site: Please contact us for details at information@nysiddna.org

Lunch Monday is included for 2 reps per exhibit table.

To purchase additional meals, please contact us.

Fees due with registration form.

Make check payable to NYS ID/DD Nurses Association. Federal ID # is 22-2570251

Mail to PO Box 32 – Hannawa Falls, NY 13647.