

NYS ID/DD Nurses Association 34th Annual Conference

September 30—October 2, 2018

Doubletree by Hilton, Syracuse

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 \$499

Double size space with two tables – Exhibitor fee \$750

Electricity at site: \$25.00

Lunch Monday and Breakfast Tuesday 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.