



# EXHIBITOR APPLICATION

## NYSASIC FALL 2018 CONFERENCE

October 4, 2018

Radisson Hotel Corning, Corning NY

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Email or link to appear in the program booklet:** \_\_\_\_\_

### MEMBER EXHIBITORS

Is your company a NYSASIC **MEMBER**?  
If YES complete below:

Member Exhibitor Table Fee                      \$ 300

Exhibitor Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

Each Table fee includes conference registration and lunch on Thursday for 2 exhibitors.

Additional Exhibitors:

3. \_\_\_\_\_

4. \_\_\_\_\_

# of additional exhibitors  
listed above \_\_\_\_\_ \* \$50 = \$ \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

Do you need electric? \_\_\_ Yes \_\_\_ No

### NON-MEMBER EXHIBITORS

Is your company a NYSASIC **MEMBER**?  
If NO complete below:

Non-Member Exhibitor Table Fee                      \$ 600

Exhibitor Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

Each Table fee includes conference registration and lunch on Thursday for 2 exhibitors.

Additional Exhibitors:

3. \_\_\_\_\_

4. \_\_\_\_\_

# of additional exhibitors  
listed above \_\_\_\_\_ \* \$150 = \$ \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

Do you need electric? \_\_\_ Yes \_\_\_ No

### MAIL check payable to "NYSASIC" and completed form via USPS to:

Amy Clute, NYSASIC Treasurer  
Warren County Self-Insurance  
1340 State Route 9, Lake George NY 12845  
518-761-6529, [clutea@warrencountyny.gov](mailto:clutea@warrencountyny.gov)

**Registration forms received after September 11, 2018  
may not be listed in the Program Booklet.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please see next page for more information.

## Exhibitor Information:

- ❖ The vendor display area is an opportunity for you to show information about the goods and services your company offers.
- ❖ There are a limited number of tables available.
- ❖ The exhibitor fee includes the table registration fee and conference registration for 2 exhibitors. Additional exhibitors require an additional fee as shown above.
- ❖ NYSASIC will distribute tables on a first paid first serve basis.
- ❖ If payment does not accompany the request, the request will not be considered.
- ❖ Payment made incorrectly will not be considered received. Only members should pay the member fee.
- ❖ The request form AND payment in full must be received at the same time by the NYSASIC Treasurer.
- ❖ There is no sharing of vendor table space and tables are limited to one per company.
- ❖ The conference agenda calls for two breaks to be held in the vendor display area.
- ❖ Set-up will begin Wednesday afternoon at 2:00pm.
- ❖ Tear down can begin at 4:00pm on Thursday.
- ❖ If you choose to raffle a vendor prize, it must be brought into the conference room at the end of the presentations for winners to be drawn randomly and vendor name and winner will be announced.
- ❖ You will be notified no later than 2 weeks prior to the conference date if your company is approved for a table or not.
- ❖ Refunds will be issued only upon request and if the table can be sold to another vendor.
- ❖ All checks returned for non-sufficient funds will be assessed a \$25 bank fee and only certified funds will be accepted as re-payment.
- ❖ If you have questions about the table registration process, please contact Amy Clute, NYSASIC Treasurer at 518-761-6529 or by email at [clutea@warrencountyny.gov](mailto:clutea@warrencountyny.gov).
- ❖ If you have questions about the conference itself, please contact Robert Chetney, NYSASIC President at 315-349-8363 or by email at [bob@oswegocounty.com](mailto:bob@oswegocounty.com).

**Please note:            A table will not be held without payment in full.**