



**58<sup>th</sup> State School Social Work Conference**  
**November 2 & 3, 2023**  
 Presented by the  
**New York State School Social Workers' Association**



**APPLICATION/CONTRACT: Sponsors & Exhibitors**

My company agrees to the following listed activities in conjunction with NYSSSWA's 58<sup>th</sup> State School Social Work Conference. This contract constitutes the applicant's agreement to abide by the guidelines and regulations included on this form and the Exhibitor Prospectus.

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFERENCE ACTIVITIES:**

- \_\_\_ Welcome "Meet & Greet" Reception \$ \_\_\_\_\_
- \_\_\_ Snack Break \_\_\_ Thur \_\_\_ Fri \$ \_\_\_\_\_
- \_\_\_ Coffee Break \_\_\_ Thur. \_\_\_ Fri \$ \_\_\_\_\_
- \_\_\_ Supporter \$ \_\_\_\_\_
- \_\_\_ Participant Bag Flier Insert FREE
- \_\_\_ Your Own Bag Product Insert FREE

Please contact Wendy Castiglia to discuss possible details:  
[Wendy.Castiglia@nyssswa.org](mailto:Wendy.Castiglia@nyssswa.org)

**EXHIBIT TABLES:**

- \_\_\_ Single Exhibit Table \$ 50.00
- \_\_\_ Single Exhibit Table and 1 Conference Breakfast & Lunch  
 Circle which lunch: Thur Fri \$ 150.00
- \_\_\_ Take One Table \$ FREE

**Activities Total:** \$ \_\_\_\_\_

**Exhibit Total:** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Note:** All Flier/Bag Inserts as well as "Take One" Fliers need to be received by **10/15/2023** and mailed to: Wendy Castiglia  
 149 Center Street  
 East Aurora, New York 14052

**Method of Payment:**

A check or money order for \$ \_\_\_\_\_ is enclosed (payable to NYSSSWA to guarantee our Participation). **Federal Tax ID: 11-2668575**

I authorize NYSSSWA to charge my credit card for \$ \_\_\_\_\_  
 \_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express

\_\_\_\_\_  
 Name on Card

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

\_\_\_\_\_  
 Exp. Date Security Code

\_\_\_\_\_  
 Authorized Cardholder's Signature

Purchase Orders accepted (but not preferred)

**SEND TO:** NYSSSWA  
 c/o Tricia Hoyer, Treasurer  
 264 Rider Road,  
 Clayville, NY 13322  
[member.services@nyssswa.org](mailto:member.services@nyssswa.org)  
 Phone Inquiries: 636-236-7246  
 Fax: 315-624-1266 Attn: Tricia Hoyer

*No refunds for cancellations after October 18, 2023*