60th State School Social Work Conference
November 6 & 7, 2025
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 60th State School Social Work Conference at the Hotel Canandaigua in Canandaigua, New York. 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:_____/_____/_____

This year we have some exciting sponsorship opportunities:

GOLD LEVEL VENDOR: $750.00
This level includes the vendor table, meals for one: 1 lunch Thursday, 1 lunch Friday; Free inserts in our conference bags, as well as advertised sponsorship of one of the following: Coffee Break, Scholarship for Membership, 2026 Conference Fee, or the Board Meet and Greet.

SILVER LEVEL VENDOR: $500.00
This level includes the vendor table, Meals for 1: 1 Lunch Thursday; as well as advertised partial sponsorship towards one of the following: Coffee Break, or other conference activity.

BRONZE LEVEL VENDOR $275.00
This level includes the vendor table and partial sponsorship of a Coffee Break.

TABLE ONLY: $200.00
This level includes the vendor table only.

Gold Level	_____$750.00
Silver Level	_____$500.00
Bronze Level	_____$275.00
Table Only	_____$200.00
Total	$_____

Note: NYSSSWA is not authorized to share our participants' /members' contact information.

All Bag Inserts as well as "Take One" Fliers need to be received by **10/20/2025**. Send 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 your 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
315-761-1881
member.services@nyssswa.org

Please contact Jackie Sanchez-Young jsanchezyoung@nysssw.org for additional vendor information. 914-689-5848

Deadline for Applications: ***October 20, 2025***
Refunds: *No refunds after* ***October 20, 2025.***