GNYDM 2023

SPONSORSHIP CONTRACT



GREATER NEW YORK DENTAL MEETING®

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99th Annual Session November 24 - November 29, 2023 Exhibit Dates: November 26 - November 29, 2023 Jacob K. Javits Convention Center New York, New York

Company Name			
Address	City, State/Country, Zip Code		
Company EmailCo			
Telephone ()	Fa		
Sponsorship Contact Person	Email		
Telephone	Fa	IX	
SPONSORSHIPS		Hotel Keys	\$9,950
Aisle Signs	\$12,000	International Reception	\$9 <i>,</i> 800
Bags	\$15,000	JumboTron Advertising	\$5,950 per min
Badge	\$15,000	Lanyards	\$15,000
Banners	\$9,900	Notebooks & Pens	\$10,500
Banners Over Staircases		Shuttle Bus Headrests	\$9,500
Concourse Side	\$14,950	Shuttle Bus Service	
Education Side	\$13,950	3 Buses	\$31,000
Celebrity Luncheon	\$15,000	Buses	\$175,000
Charging Stations		Staircase Graphics	4
1 Station	\$3,950	Registration Area	\$16,500
2 Stations	\$5,900	Education Area	\$13,500
3 Stations	\$8,900	Volunteer Appreciation Dinner	\$10,000
Cocktail Reception	\$15,000	Volunteer Hospitality Lounge	\$10,000
Education Banner	\$9,500	Window Clings	¢0.050
Education Registry Login Screen	\$12,000	Package of 8	\$8,950
Escalator Runners	\$7,500	Package of 12Package of 16	\$12,950 \$16,950
Face Masks	\$5,000	Package of 10	\$10,950
Floor Minders			ŞZ1,000
7' x 7' Diamond	\$2,975		
□ 5' x 5' Square	\$2,675	EDUCATIONAL SPONSORSHIP	
Free Standing Signs	\$3,450	General Practice Residency Fair	\$5,500
Hand Sanitizer	\$5,500	Scientific Poster Sessions	\$3,950

TOTAL SPONSORSHIP AMOUNT

PAYMENT

CONTRACTS RECEIVED WITHOUT FULL PAYMENT WILL NOT BE PROCESSED.

All payments for sponsorships must be made by company check or credit card^{*} (*plus a 3% convenience fee.)

All sponsorships is non-cancelable and non-refundable. Material/artwork must be e-mailed to Dana Soltis, dana@gnydm.com to arrive by the specified due date.

THE UNDERSIGNED, WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING THE MEETING AS PUBLISHED IN THE 2023 EXHIBI-TORS' PROSPECTUS AND SPONSORSHIP & ADVERTISING BROCHURE, WHICH ARE A PART OF THIS CONTRACT AS IF PUBLISHED HEREIN.

AUTHORIZED SIGNATURE ______ DATE_____ DATE_____

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