



Advertising Contract

Contact person _____ Email _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Billing address (if different) _____

City _____ State _____ Zip _____

Authorized signature _____

Select one of the Marketing Options below:

___ Sponsorship Opportunities

- Conference Tote
Circle: One Color/Full Color
- Community Luncheon
Amount: _____
Include Registration Packet Insert, **Circle:** Yes/No
- Coffee/Tea
Circle: Half Page Ad/Registration Packet Insert

___ Exhibit Table

Table, **Circle:** Full/Half
Half Page Ad in Conference Program, **Circle:** Yes/No

___ Registration Pack Insert

Education Institution Accredited by NADTA, **Circle:** Yes/No
Number of Inserts: _____

___ Conference Program Ad

Circle: Member/Non-Member

- Inside Page
Circle: Front/Back
- Full Page
- Half Page
Circle: Vertical/Horizontal
- Quarter Page
Circle: Conference Program/Online Program
- Business Card
Circle: Conference Program/Online Program

Payment Options:

- Check
- Money Order
- MasterCard
- Visa

Total Amount: \$ _____

Credit card number _____

Expiration date _____ CVV _____

Signature _____

**Please submit form and payment
via mail, email, or fax to:**

NADTA
230 Washington Ave Extension, Ste 101
Albany, NY 12203

E: office@nadta.org

F: 518.463.8656

T: 888.416.7167