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