

**NYS Coalition for Independent and Religious Schools  
CAIRS Conference - November 17-18, 2014  
The Albany Marriott Hotel, Wolf Road, Albany, NY  
Vendor Registration Form**

Company Name \_\_\_\_\_

1st Representative \_\_\_\_\_

Address/City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

2nd Representative \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

*(Please select Monday night dinner choice on the back)*

**Sponsorship Includes: (PLEASE READ DESCRIPTIONS CAREFULLY)**

- Either one 6 foot display table **or equivalent space** (additional tables or space are available for \$50.00 each);
- Company flyer included in attendee folder;
- 2 Company Representatives;
- CAIRS Conference Dinner on Monday, November 17, 2014 6pm for 2 company representatives;
- Lunch on Monday, November 17, 2014 and Breakfast on Tuesday, November 18, 2014 for 2 company representatives;
- An acknowledgement and thank you in the conference program;
- Additional company representatives are \$65.00 each (Lunch, Dinner and Breakfast).
- **(Silver Sponsorship = company flyer included in attendee folder, acknowledgment and thank you in conference program)**

*(Cancellations received after November 1, 2014 are nonrefundable.)*

*A cancellation must be in writing and faxed to 518-273-1206 or emailed to: nysadm@nycap.rr.com to be approved.*

**Sponsorship Opportunities:**

_____ Dinner Sponsor	Amount \$1,600
_____ Speaker Sponsor	Amount \$1,100.
_____ Lunch Sponsor	Amount \$1,100.
_____ Breakfast Sponsor	Amount \$1,100.
_____ Program Printing Sponsor	Amount \$850.
_____ Reception Sponsor	Amount \$850.
_____ Coffee Break Sponsor	Amount \$850.
_____ Gold Sponsorship	Amount \$675.
_____ Silver Sponsorship	Amount \$300. - (No table or dinner)

SPONSORSHIP AMOUNT \_\_\_\_\_ = \_\_\_\_\_

ADDITIONAL TABLES/SPACE \_\_\_\_\_ X \$50.00 EACH \_\_\_\_\_ = \_\_\_\_\_

Please indicate with a check mark if you would like table (s) \_\_\_\_\_ or space (no table) \_\_\_\_\_

ADDITIONAL COMPANY REPRESENTATIVES \_\_\_\_\_ X \$65.00 EACH \_\_\_\_\_ = \_\_\_\_\_

ADD 3.5% (PERCENT) IF PAYING BY CREDIT CARD \_\_\_\_\_ = \_\_\_\_\_

**TOTAL SPONSORSHIP AMOUNT ENCLOSED:** \_\_\_\_\_ = \_\_\_\_\_

**MAKE CHECKS PAYABLE TO NYSCIRS and mail to: 525 4th Ave., Troy, NY 12182**

