



New York Society of  
Addiction Medicine

# 20th Annual Intersection of Science, Treatment and Policy Conference



**FEBRUARY 2-3, 2024**  
**Virtual Conference**



**VISIT [WWW.NYSAM-ASAM.ORG](http://WWW.NYSAM-ASAM.ORG) FOR MORE INFORMATION**

# MARKETING OPPORTUNITIES

## **Gold Sponsor**

**\$ 5,000**

- ✓ Virtual Exhibit Booth\*
- ✓ Formal recognition during a conference plenary session
- ✓ Sponsor Highlight on Virtual Platform
- ✓ Logo link on NYSAM website for six (6) months
- ✓ 4 Full Conference Registrations

## **Silver Sponsor**

**\$3,500**

- ✓ Virtual Exhibit Booth\*
- ✓ Sponsor Highlight on Virtual Platform
- ✓ Logo link on NYSAM website for four (4) months
- ✓ 2 Full Conference Registrations

## **Exhibit Booth Only**

**\$2,000**

- ✓ Virtual Exhibit Booth\*
- ✓ 1 Full Conference Registration

\*Virtual Exhibit Booth includes Company name, logo, website link, social media links, posting of up to 3 PDF resources, video clip, and Live Chat

- ✓ Company Information (Logo, website, social media)
- ✓ Up to four (4) listings for Booth Personnel contact name and email
- ✓ Posting of up to 3 PDF resources
- ✓ One (1) 30 second Video Clip
- ✓ Zoom Breakout Room during each break on Friday and Saturday to connect with attendees (NYSAM will set up the breakout rooms on the virtual conference platform. You are responsible to have a company representative in your breakout room during each break)

# SPONSORSHIP REGISTRATION FORM

New York Society of Addiction Medicine  
20th ANNUAL CONFERENCE  
February 2-3, 2024

**Our company would like to participate at the NYSAM 20th Annual Conference**

Please Check One:  Gold  Silver  Exhibit Booth

## CONTACT INFORMATION:

Company Name \_\_\_\_\_  
Company Contact \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

## COMPANY CONTACT:

(Gold Sponsor gets 4, Silver Sponsor gets 2, Exhibit Booth Only gets 1)

Name 1: \_\_\_\_\_  
Email 1: \_\_\_\_\_  
Name 2: \_\_\_\_\_  
Email 2: \_\_\_\_\_  
Name 3: \_\_\_\_\_  
Email 3: \_\_\_\_\_  
Name 4: \_\_\_\_\_  
Email 4: \_\_\_\_\_

## PAYMENT INFORMATION

\_\_\_\_\_ VISA      \_\_\_\_\_ MASTERCARD      \_\_\_\_\_ AMERICAN EXPRESS

Name on Credit Card \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Credit Card Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Charge Amount \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Signature \_\_\_\_\_

Email completed form to: Felicia Price or [fprice@amgroup.us](mailto:fprice@amgroup.us)  
Full Payment is required before your participation is confirmed  
Deadline to sign up is **January 25, 2024.**