

Exhibitor Form 2017 Digital Wave Conference

Exhibiting Organization:

Contact Person who will be attending the conference:

Title:

Address:

City: State: Zip:

Telephone: Fax:

E-Mail: Web Site Address:

\$500 for Exhibit booth registration fee includes wifi, electric and table- Donation of a raffle prize is encouraged
\$250 for Bag Stuffing sponsorship; upon registration you will be notified of where to send materials- NO BOOTH is provided

\$ We will be attending the October 18, 2017 Digital Wave Conference (<http://nyscate.org/digitalwave2017>)

Total Payment Amount:

Payment Method: Please choose one method

MasterCard Visa AE Company check: payable to NYSCATE.

Name as it appears on the card:

Card Number:

Expiration Date: CVC#

Signature (Credit Card Only)

Please mail the above information and payment to:

NYSCATE
8 Airport Park Blvd.
Albany, NY 12110
Fax: (518) 786-3983

Upon our receipt of this form, you will receive a confirmation. At a later date, you will receive additional exhibitor information regarding set-up times, Internet access, electrical availability, etc.

Please make sure this information is conveyed to those responsible for representing your company at the booth on the day of the conference.