

**HOSPICE & PALLIATIVE
CARE ASSOCIATION OF
NEW YORK STATE**



March 30 - 31, 2006

2006 Exhibitor Prospectus



21 Aviation Road, Suite 9
Albany, NY 12205
Phone: 518-446-1483
Fax: 518-446-1484
Website: www.hpcanys.org

General Information

The Meeting

The Hospice and Palliative Care Association of New York State (HPCANYS) will host its 26th Annual Interdisciplinary Seminar and Meeting, March 30 – 31, 2006 at The Saratoga (formerly the Prime Hotel and Conference Center) in charming Saratoga Springs, New York. The 2006 theme is: *Surviving & Thriving – Quality, Access, Ethics*.

HPCANYS

HPCANYS represents hospice and palliative care programs, allied organizations and individuals that are interested in the development and growth of comprehensive end-of-life care services. Vendors who support HPCANYS' mission, "To promote the availability and accessibility of quality hospice and palliative care for all persons in New York State confronted with life-limiting illness" are invited to participate. This meeting brings together over 350 professionals from interdisciplinary teams and collaborating entities throughout New York and its neighboring states.

Exhibitors

Exhibiting vendors will receive official name badges, admittance to workshops/plenary sessions, and recognition in conference program materials. The 2006 meeting will offer a cocktail reception and breakfast break solely for attendees to meet and network with exhibitors.

Set Up: Thursday, March 30, 2:00pm – 4:00pm

Breakdown: Friday, March 31, 9:00am – 11:00am

Sponsors

Sponsors are listed in the conference program materials and on display easels in appropriate spaces during the meeting. **Complimentary Exhibit for all Sponsors.**

Contact Information

Questions should be directed to Karmel DeStefano, Director of Member Services, by calling 518-446-1483 or by e-mail to kdestefano@hpcanys.org.

**DON'T MISS THE OPPORTUNITY
TO HAVE YOUR COMPANY'S PRODUCTS AND SERVICES
SEEN BY HUNDREDS OF HOSPICE AND PALLIATIVE CARE PROFESSIONALS...
SIGN UP TO EXHIBIT TODAY!!!**

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www.hpcanys.org info@hpcanys.org

Exhibitor/Sponsor Opportunities and Benefits

EXHIBITOR: \$700

- ❖ Six-foot draped exhibit table
- ❖ 2 chairs
- ❖ Tabletop sign
- ❖ Registration for 2 representatives
- ❖ Admittance to workshop/plenary sessions
- ❖ Name in invitation brochure
- ❖ Name and description of services in program

MEMBER EXHIBITOR FEE: \$600

Call 518-446-1483 for information on Allied membership benefits

SET UP:

Thursday, March 30, 2:00 pm – 4:00 pm

BREAKDOWN:

Friday, March 31, 9:00 am – 11:00 am

SPONSOR:

Hospice & Palliative Care Supporter:

\$1,000

- ❖ All benefits listed above; complimentary exhibit, if desired
- ❖ Signage at the event with your company name
- ❖ Advertisement in conference program: 1/8 page
- ❖ Allied membership in HPCANYS

Hospice & Palliative Care Friend:

\$1,500

- ❖ All benefits listed above; complimentary exhibit, if desired
- ❖ Signage at the event with your company name
- ❖ Advertisement in conference program: 1/4 page
- ❖ Allied membership in HPCANYS

Hospice & Palliative Care Champion:

\$2,000

- ❖ All benefits listed above; complimentary exhibit, if desired
- ❖ Signage at the event with your company name
- ❖ Advertisement in the conference program: 1/2 page
- ❖ Allied membership in HPCANYS

Special Sponsorship Opportunities and Benefits

Exhibitor Reception Sponsor: \$3,500

- ❖ Champion benefits as listed above
- ❖ Special Conference Program Advertising (Back Cover of Program)
- ❖ Special Sign at Exhibitor Reception

Awards Luncheon Sponsor: \$3,000

- ❖ Champion Benefits as listed above
- ❖ Special Conference Program Advertising (Inside Front Cover of Program)
- ❖ Special Sign at Awards Luncheon

Daily Breaks/Lunch Sponsor: \$2,500

- ❖ Champion Benefits as listed above
- ❖ Special Conference Program Advertising (Full page in conference program)
- ❖ Special Sign at breaks/lunch

Exhibit/Sponsorship Form

REGISTER BY: February 15, 2006 to be listed in the FINAL Program Brochure

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____

Website: _____

Exhibitor Fee: ___ \$ 700 Member Exhibitor Fee: ___ \$600

Sponsorship:

___ \$1,000 Hospice & Palliative Care Supporter
___ \$1,500 Hospice & Palliative Care Friend
___ \$2,000 Hospice & Palliative Care Champion

Special Sponsorship Opportunities:

___ \$2,500 Daily Breaks/Lunch Sponsor
___ \$3,000 Awards Luncheon Sponsor
___ \$3,500 Exhibitor Reception Sponsor

Mail completed form and payment to:

**Hospice & Palliative Care Association of NYS
21 Aviation Road, Suite 9
Albany, New York 12205**

- ❖ **All advertisements must be received by February 17, 2006 to be included in the Conference Program.**
- ❖ **Advertisements may be submitted via mail (i.e. camera ready) or electronically.**
- ❖ **Artwork such as advertisements and/or logos should be set up as tif, gif, jpg, pdf, or Word documents and transmitted electronically to cmangano@hpcanys.org or mailed on a CD/floppy disk/zip disk to:**

Questions? Call Karmel DeStefano, Director of Member Services (518) 446-1483
or e-mail us at kdestefano@hpcanys.org or cmangano@hpcanys.org