



31st Annual Conference & Trade Show
Racing for Success & Taking the Lead

Sunday, May 2, 2010 – Wednesday, May 5, 2010
Saratoga Hilton, Saratoga Springs, New York



Conference Program Journal Ad Opportunities

Program Ad Contract

Please indicate the program ad by checking the appropriate box. Then, complete the Program Ad Contract and fax to the Association at 518-371-3774. To be included in the program, ad copy and payment deadline is Friday, April 2, 2010. Thank you.

Program Book Size is 5 ½" x 8 ½"

All Ads listed are width x length

- | | | | |
|---|--------------------------|--|-------|
| <input type="checkbox"/> Centerfold, 10" x 8" | \$600 | <input type="checkbox"/> Full-page, 5" x 8" | \$250 |
| <input type="checkbox"/> Full-page, Back Cover, 5" x 8" | \$500
Sold | <input type="checkbox"/> Half-page (Horizontal) 5" x 4" | \$200 |
| <input type="checkbox"/> Full-page, Inside Front Cover, 5" x 8" | \$350 | <input type="checkbox"/> Friend of ESAAL, name listed on Sponsor page | \$100 |
| <input type="checkbox"/> Full-page, Inside Back Cover, 5" x 8" | \$275
Sold | <input type="checkbox"/> Support of ESAAL, name listed on Sponsor page | \$75 |

Mail the completed contract with Payment to:

Anita Russo
ESAAL, 646 Plank Rd., Suite 207
Clifton Park, NY 12065

Or

Fax the completed Contract with Credit Card Authorization Form (see attached or call the Association for a form, 518-371-2573) to:

Anita at 518-371-3774

Company Name: (Please print as name should appear for the sponsor page)

Contact Name: _____ Title: _____

Address: _____ City, State, Zip _____

Phone: _____ Fax: _____

Email: _____ Signature: _____

Please Note: Ad copy deadline for the Conference Program Book is Friday, April 2, 2009

- ❖ Please email your ad copy in a PDF file to Anita at alrusso9@nycap.rr.com
- ❖ If you would like the Association to create an ad for you or need assistance, please call Anita at 518-371-2573.



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Conference Credit Card Payment Authorization Form

Facility/Company Name: _____

Contact Person: _____

Phone No.: _____ Fax No: _____

Credit Card Information:

Please note: ESAAL only accepts the following credit cards.

Credit Card: *(Please Check)* Visa MasterCard Discover American Express

Total Amount: \$_____

Required information for processing credit card:

Credit Card No: _____

Expiration Date: _____ CVV2 Code: _____
(The 3 or 4 digit code is located either on the front or back of the card.)

Name as listed on Card (Please Print): _____

Street Address of Authorized Cardholder: _____

City, State, & Zip Code: _____

I hereby authorize ESAAL to charge my credit card the amount indicated on this form for the purpose stated. Without a signature, your credit card will not be processed.

Cardholder's Signature: _____

Please return your completed form via fax or mail to:

The Empire State Association of Assisted Living
646 Plank Road, Suite 207, Clifton Park, NY 12065
Fax: 518-371-3774