



**March 30, 2017**  
**8:00am to 4:00pm**  
*Congregation*  
*Rodeph Shalom*  
*7 W 83rd Street*  
*New York, NY 10024*

## VENDOR & SPONSORSHIP OPPORTUNITIES

Vendors will have prime space adjacent to the meeting room with sufficient time and exposure to attendees throughout the day. Vendors may have two complimentary representatives at their table top display. Additional representatives must register for the conference.

### EXHIBIT DATES & HOURS:

**Set Up:** Thursday, March 30, 7:00am

**Show Begins:** 8:00am - Coffee / Registration with Exhibitors

**Breakdown:** Thursday, March 30, 4:00pm Vendors cannot break down during the conference proceedings.

### VENDOR FEES:

**Affiliate Member:** \$1,000

**Non-Member:** \$1,500

### SPONSORSHIPS:

**Breakfast Sponsor:** SOLD

**Lunch Sponsor:** \$6,000

The table top spaces are limited; please register soon. This is a premier opportunity to meet exclusively with CEOs, Senior Managers and CFOs of behavioral health and substance use agencies in New York City, Westchester, Orange, Rockland, Long Island and around the state.

## VENDOR AND SPONSOR PROSPECTUS

The Coalition for Behavioral Health (The Coalition) invites you to support our ninth annual Policy Forum *Turning Challenges Into Opportunities* scheduled for March 30, 2017. Last year's conference was a huge success!

By participating as a vendor at this event, you will be able to inform attendees of your products and services, increase your sales, and exchange ideas while networking with over 300 chief executive officers and senior professionals in community behavioral health and substance use services.

### SPACE IS LIMITED!

**Don't miss this exclusive opportunity** to increase your visibility and establish personal contacts with industry leaders.

## BECOME AN AFFILIATE MEMBER

As an Affiliate Member, your organization will have direct access to CEOs and senior managers from community behavioral health agencies in New York City and surrounding areas. Your organization will be kept up to date on the issues and concerns that are of greatest importance to the community-based behavioral health sector. The benefits of Affiliate Membership consist of:

- Attending Coalition meetings, workshops and seminars
- Receiving membership mailings
- Eligibility for member only discounts for conferences and purchases
- Access to Coalition Senior Staff to discuss high priority issues

- Listing on the Coalition website as an Affiliate Member accompanied by a brief description of your organization and link to your website
- Receive a 33% discount on the package of opportunities related to the Annual Conference including a table top vendor display and access to the attendee contact list
- Access to Coalition members through special presentations demonstrations or webinars.

### Annual Dues Rates:

Premier Affiliate Member: \$10,000

Affiliate Member: \$5,000

Please contact Jason Lippman at [jlippman@coalitionny.org](mailto:jlippman@coalitionny.org) for further information about affiliate membership categories and benefits.

# APPLICATION & CONTRACT

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New York, NY 10024



## 1. GENERAL INFORMATION *Please Print or Type*

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company / Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note your company's information how you would like it listed on our conference material, if different from above:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company / Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. DESCRIPTION OF SERVICES AND PRODUCTS *For inclusion in conference materials.*

*Please limit to 2 to 3 sentences*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. VENDOR & SPONSORSHIP FEES

We understand that this application becomes a contract when signed by us and accepted by The Coalition. SPACE IS VERY LIMITED! This is an exclusive opportunity!

Affiliate Member: \$1,000

Non-Member: \$1,500

Lunch Sponsor: \$6,000

## 4. NAME BADGES

Please list the names of each representative attending the exhibit. Your name will appear exactly as you indicate below.

1. \_\_\_\_\_

2. \_\_\_\_\_

### **PAYMENT MUST ACCOMPANY CONTRACT. PLEASE NOTE PAYMENT TYPE BELOW**

Enclosed please find a check for the amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ (Payable to: The Coalition for Behavioral Health)

Credit Card:  MasterCard  Visa  American Express Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Mail completed form and payment to:**

The Coalition for Behavioral Health, 123 William Street, 19th Floor, New York, NY 10038

Phone: 212-742-1600 Web: [www.coalitionny.org](http://www.coalitionny.org)