We invite you and your company to be a valued *SPONSOR* of the 3rd Annual

NYSTIA
NEW YORK STATE TOURISM INDUSTRY ASSOCIATION

Membership Meeting & Tourism Excellence Awards

Villa Roma Resort & Conference Center

356 Villa Roma Rd., Callicoon, NY 12723 ~ villaroma.com

Schedule:
Thursday, October 20th
Membership Meeting, 1:00 p.m., at Villa Roma
Tourism Excellence Awards Dinner, 6:00 p.m., at The Club House
Special thanks to our hosts, Sullivan County Catskills

Friday, October 21st
Morning Educational Session and Breakfast
Update from Gavin Landry on I Love NY Initiatives

Thank you for your support of NYSTIA as it presents its Annual Meeting, always a great opportunity to get out and explore a New York destination, meet up with friends and colleagues, and further NYSTIA's mission of industry advocacy, professionalism, cooperative relationships and partnerships, and tourism promotion.

As a sponsor, if you are planning to attend the annual meeting in person, the sponsorship underwriting does not include the registration fee listed below.

Valued Sponsorship Opportunities: (1st come, 1st serve, subject to availability)	
~~Dinner~~	sold
~~Cocktail Reception~~	sold
~~Awards~~	sold
~~Breakfast~~	sold
Shuttle Bus:	$400
In-Room Amenity	$100 + item(s)
Audio/Visual:	$250

Contact Dawn Borchert with questions about sponsorship opportunities. dawn@nystia.org

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NYSTIA Annual Meeting. **RSVP by Oct. 13th**

No charge to attend the annual meeting only.
Meals & Beverages (includes cocktails, dinner, breakfast):
NYSTIA Member: $60/person
Non-member: $75/person

_____
Company/Business Name

_____
Address

_____
City, State, Zip

_____
Telephone

_____
Contact Email

(Select all that apply)

Attendee Name (Print)	Meeting	Dinner	Breakfast
_____	☐	☐	☐
_____	☐	☐	☐

Sponsorship (from list above):

_____

*Total due for attendance and sponsorship: $*_____

☐ **Bringing payment (no-shows will be billed)** ☐ **Paying by check** ☐ **Paying with credit card:** ☐ MC ☐ Visa ☐ Disc ☐ AmEx
(Make check payable to NYSTIA)

_____ _____ _____
Card Number   CCV Number   Billing Zip Code

_____ _____ _____
Name as it appears on card (print)   Signature   Expiration Date

Fax or mail form and payment information/payment to NYSTIA by October 13th.
NYSTIA, 1 Grove St., Suite 200, Pittsford, NY 14534. Fax: 585.326.3720 Ph: 888.698.2970