National Association of Securities Professionals-New York Chapter

14th Annual Trustee Education Conference

"Recession, Recovery and Plan Pension Investment Opportunities for the Next Decade"

Tuesday, October 5 to Thursday, October 7, 2010

The Marriott New York at the Brooklyn Bridge, 333 Adams Street, Brooklyn, New York 11201

General Sponsor

$3,500.00

- Prominent signage in our event journal and conference materials
- 2 Complimentary Registrations
- 2 Reserved seats at the Gala Dinner

☐ **Yes,** I would like to become a General Sponsor @ $3,500 for the 2010 Trustee Education Conference.

Event Sponsor

- Special signage at our event as well as signage in our event journal and conference materials
- 4 Complimentary Registrations
- 1 Reserved table for 10 at the Gala Dinner

☐ **Yes,** I would like to be an Event Sponsor to the following event alone or in cooperation with another firm as indicated below:

☐ Tuesday Opening Reception @ $10,000

☐ Sponsor ☐ Co-sponsor

☐ Wednesday Morning Full Breakfast/ Opening Session @ $10,000

☐ Sponsor ☐ Co-sponsor

☐ Wednesday Luncheon @ $20,000

☐ Sponsor ☐ Co-sponsor

☐ Wednesday Evening Cocktail Reception @ $10,000

☐ Sponsor ☐ Co-sponsor

☐ Wednesday Night Gala Dinner @ $20,000

☐ Sponsor ☐ Co-sponsor

☐ Thursday Morning Full Breakfast/Closing Session @ $10,000

☐ Sponsor ☐ Co-sponsor

Journal Ads

☐ **Yes,** I would like to place an Ad in the 2010 Trustee Education Conference Journal (Ad rates enclosed).

NOTE: Event Sponsors receive free full page Ad or half-page Ad in Journal depending on level of Sponsorship.

Give-aways

☐ **Yes,** I would like to add an item(s) to the 2010 Trustee Education Conference Give-away Bag.

Please print or type your firm name as it should appear in our printed promotional material:

Firm: _____

Contact: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Amount enclosed _____

(Please make checks payable to NASP-NY)

Method of payment

Credit card: ☐ Check ☐ American Express

Credit card number: _____

Expiration date:

Credit cardholder name (please print):

_____

Authorized signature: _____

Billing address: _____

City: _____

State: _____ Zip: _____

Phone: _____

(Associated with billing address)

Make Your Check Payable to NASP-NY
Please mail your form and remittance & direct your questions to:
NASP-NY, c/o M. Martin,
191-20 109 Avenue, Saint Albans, NY 11412
Office/Fax: 718-468-7914 or e-mail: msharmak@aol.com