**Exhibitor Prospectus**

**Statewide Harm Reduction Symposium for Local Health Departments**

*June 4 – 5, 2024*

*The Desmond Hotel* | *Albany, NY*

**About NYSACHO**

The New York State Association of County Health Officials (NYSACHO) is a not-for-profit association with 501(c)(3) tax-exempt status, representing all 58 local health departments (LHDs) in New York State. The association provides advocacy, training, and technical assistance to LHDs. It is the voice of the state’s local public health system working for all New Yorkers to prevent disease and disability, promote health and safety, and protect against public health hazard in the environment.

**About the Statewide Harm Reduction Symposium**

NYSACHO, in partnership with the New York State Department of Health, presents the Statewide Harm Reduction Symposium for LHDs to serve as an opportunity for LHDs and their community partners in overdose prevention and response to convene in-person to learn about emerging topics, local best practices, and connect with their peers across to state to advance local harm reduction strategies and solutions. This event will take place at the [Crowne Plaza Albany – The Desmond Hotel](https://www.ihg.com/crowneplaza/hotels/us/en/albany/albdh/hoteldetail?cm_mmc=GoogleMaps-_-CP-_-US-_-ALBDH).

*Attendees*

Approximately 150 attendees are expected for the 2024 Statewide Harm Reduction Symposium. The primary audience for this event will be programmatic staff and/or leadership from each of the 58 local health departments across the state of New York. Attendees from the following organizations can also expected to be in attendance:

* Community-based organizations
* Friends of Recovery
* Local Prevention Councils & Coalitions
* Departments of Social Services
* Departments of Community Services
* Departments of Mental Health

**Exhibition Opportunities\***

|  |  |  |
| --- | --- | --- |
| Level | Investment | Benefits |
| Tier 1 Exhibitor | $1,750 | * Exhibitor table for both symposium days * Logo and website/contact information to be included in the symposium’s exhibitor directory * Half-page advertisement to be included in the meeting program |
| Tier 2 Exhibitor | $1,250 | * Exhibitor table for both symposium days * Logo and website/contact information to be included in the symposium’s exhibitor directory * Quarter-page advertisement to be included in the meeting program |
| Tier 3 Exhibitor | $750 | * Exhibitor table for both symposium days * Logo and website/contact information to be included in the symposium’s exhibitor directory |

\*In the event that your organization finds it challenging to align with any of the above investment tiers, there remains an opportunity to participate by making a contribution of your choosing. For those opting to contribute at a lower level, the minimum threshold for obtaining an exhibitor table at the event stands at $250 per day.

Conversely, should your organization wish to make a more substantial contribution exceeding the predefined investment tiers, we welcome such proposals, and additional benefits can be discussed and negotiated directly with NYSACHO.

**Exhibitor Application**

Thank you for your interest in partnering with the New York State Association of County Health Officials! To be considered for an exhibition opportunity with NYSACHO, you must complete the form below. NYSACHO will contact you with more information about the status of your application prior to the event. Help us learn more about your organization by providing the requested information below and emailing your responses with this application to [edangelo@nysacho.org](mailto:edangelo@nysacho.org).

**Organization Information:**

|  |  |
| --- | --- |
| Organization Name: |  |
| Mailing Address: |  |
| City, State, Zip: |  |
| Street Address (if different than mailing address): |  |
| Main Phone: |  |
| Website: |  |

**Primary Contact Information:**

|  |  |
| --- | --- |
| First, MI, Last Name: |  |
| Title: |  |
| Email: |  |
| Mailing Address: |  |
| City, State, Zip: |  |
| Primary Phone: |  |

**Organization Representative(s) Attending:**

|  |  |
| --- | --- |
| ***Representative #1*** | |
| First, MI, Last Name: |  |
| Title: |  |
| Email: |  |
| Cell phone: |  |
| ***Representative #2*** | |
| First, MI, Last Name: |  |
| Title: |  |
| Email: |  |
| Cell phone: |  |

**Organization Mission:**

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**Describe how your organization currently works with and/or supports local and governmental public health harm reduction/overdose prevention efforts:**

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**Please provide a brief description of your organization:**

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**Please select which exhibition opportunity you are interested in:**

Tier 1 ($1,750 for both symposium days)

Tier 2 ($1,250 for both symposium days)

Tier 3 ($750 for both symposium days)

Other – please share your proposed investment amount *(minimum $250 for one day and $500 for both days):* Click or tap here to enter text.

**Describe your goals in partnering with NYSACHO (what does your organization hope to accomplish and how this partnership will benefit your organization as well as NYSACHO members).**

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**What products will you display/discuss?**

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**Is there anything else we should know while considering your application?**

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**Do you require a power source at your table?**

Yes

No

**Terms of Acceptance**

1. All vendors must complete the NYSACHO Exhibitor Application form with all fields complete or their applications will not be considered.
2. Upon receiving your application, your application will be reviewed by the NYSACHO team.
3. **Selection Process** – Selection of Exhibitors will be based on relevance to the theme of the symposium and date of receipt of the completed Exhibition Form.
4. **Fees** – All approved exhibitors will be notified by email. Exhibitor fees, as stipulated on the application form, must then be received BY CHECK ONLY within two weeks of email notification. Failure to timely remit payment may result in the forfeiture of your spot.
5. **Exhibition Hours**:
   1. June 4: 9:00 AM – 5:00 PM. *Specific time will be set aside in the agenda for attendees to visit the exhibitors’ booths*
   2. June 5: 8:00AM – 2:00 PM. *Specific time will be set aside in the agenda for attendees to visit the exhibitors’ booths*
6. **Cancellation Policy** – Exhibitor fee is non-refundable.

**Exhibitor Rule and Regulations**

1. Only products listed on the Exhibitor’s application may be discussed during the symposium.
2. Only two representatives per table are permitted at one time, and only those with proper identification as the appropriate exhibitor representative(s) are allowed behind the booth table at any/all times.
3. Tables are limited and will be assigned on a first come, first served basis (upon approval of application and timely receipt of fee).
4. Table placement is not to be moved or swapped at any time.
5. Exhibitors should provide their own dolly/cart to move merchandise around and are responsible for handling their own merchandise at all times.
6. Please be respectful of other exhibitors around you.
7. Please note your participation as an exhibitor does not indicate NYSACHO’s endorsement of your organization or products. The purpose of this event is to share information between exhibitors and symposium participants.

**Thank you so much for your consideration of this opportunity and interest in participating during the symposium. We are excited to bring your expertise, resources, and ideas to local health departments and their partners in overdose prevention and response across New York State!**