



Hearing Health Care Alliance of New York, Inc.
79th Annual Conference and Trade Show
Exhibitor and Sponsor Registration Form

May 4-5, 2026

Saratoga Springs Hilton & Conference Center
534 Broadway, Saratoga Springs, NY

Online forms and credit card payments accepted on our website: www.hhcany.org

COMPANY INFORMATION

Company Name: _____

Principal Representative: _____ **Attendee Badge Name:** _____

Mailing Address: _____

Telephone / Cell: _____ **Email:** _____

ADDITIONAL COMPANY REPRESENTATIVES ATTENDING

(Fee: \$175 per person, except for PRIME Sponsor packages)

1. **Name:** _____ **Badge Name:** _____ **Email:** _____
2. **Name:** _____ **Badge Name:** _____ **Email:** _____

SPECIAL REQUIREMENTS

Dietary Needs (e.g., vegan, kosher, allergies): _____

Special Booth Requirements (e.g., electricity, internet, etc.): _____

OVERNIGHT HOTEL ACCOMMODATIONS

Hotel reservations are the responsibility of the exhibitor. A special **HHCANY Room Block** is available at the Saratoga Springs Hilton *for registered conference attendees only*.

Reserve using this link: <https://book.passkey.com/go/HHCANY2026>

Hotel Reservation Deadline: **April 7, 2026**

PAC AUCTION DONATION:

The PAC auction directly benefits our political action committee, which plays a critical role in advocating for policies that support our industry and our members. Donated items will be featured prominently during the auction, with recognition in event materials and announcements. Both exhibitors and sponsors are welcome to donate an item to the auction. [Fill out this form](#) with a description and value of your donation.

SPONSORSHIP PACKAGES AND FEES

Exhibitor Booth Fee\$1200.00.....\$_____

Additional Representatives: #____ x \$175.00\$_____

Spouse Registration: #____ x \$125.00\$_____

PRIME SPONSORSHIP OPTIONS:

Diamond Sponsor\$5,000\$_____

Gold Sponsor\$3,000\$_____

Silver Sponsor\$2,000\$_____

SPECIAL EVENT SPONSORSHIP

Full Page ad in program.....\$1,500\$_____

Half Page ad in program.....\$1,000\$_____

Quarter Page ad in program.....\$750\$_____

Logo in program\$500\$_____

Exhibitor Hall Lunch\$2,500\$_____

Monday Evening Reception\$1,000\$_____

Includes signature drink advertised with your organization's name/logo

Breakfast\$750\$_____

Branded Cocktail Napkins\$600\$_____

Used at breakfast, lunch, and evening reception

Morning Coffee / Snacks.....\$500\$_____

Welcome/Registration.....\$350\$_____

Branded Hotel Room Keycards\$3,000\$_____

CE Course Sessions (per session).....\$1,500\$_____

Floor Decals in high traffic areas\$400\$_____

Membership Meeting.....\$350\$_____

PAC Auction.....\$250\$_____

TOTAL PAYMENT ENCLOSED.....\$_____

PAYMENT & SUBMISSION

Please return completed registration form and payment by **April 15, 2026**

- **Payment by check:**

Mail this form with payment to:

HHCANY

130 Washington Avenue, 3rd Floor North, Suite A
Albany, NY 12210

- **Payment by credit card:**

Submit this form by email to hhcany@hhcany.org or submit the online form and credit card payment on our website: www.hhcany.org/store



Phone: 518.949.7121



Email: hhcany@hhcany.org