

## VENDOR & SPONSOR INFORMATION

BUSINESS/ORGANIZATION/AFFILIATION:

CONTACT NAME(S):

GOOD/SERVICES

ADDRESS:

EMAIL(S):

PHONE NUMBER(S):

WEBSITE:

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### VENDOR/SPONSOR REGISTRATION FORM

Select all the boxes that apply.

OPTION 1 – VENDOR BOOTH – includes lunch for one person if served that day

Please indicate the day(s) you want to attend:

10/30/2024      7:30 AM – 4:30 PM

10/31/2024      7:30 AM – 4:30 PM

11/01/2024      7:30 AM – 1:30 PM

One Booth, One Day – One table \$60.00

One Booth, Two Days – One table \$90.00

One Booth, Three Days – One table \$115.00

\_\_\_\_\_ # Additional Breakfast Ticket \$30.00

\_\_\_\_\_ # Additional Lunch Ticket \$30.00

\_\_\_\_\_ # Additional Table \$30.00

\_\_\_\_\_ # Extension Cord with Power (provided by Holiday Inn) \$30.00

OPTION 2 – VENDOR/SPONSOR ADVERTISING\*

Vendor/Sponsor insert or Giveaway in participants bag \$40.00

OPTION 3 – VENDOR/SPONSOR RECOGNITION AS BREAKFAST OR LUNCH SPONSOR\*

Please indicate the day:

10/30/2024 Lunch       10/31/2024 Lunch       11/01/2024 Breakfast

One Day Vendor booth, banner, full-page ad, and link to vendor website \$200.00

\_\_\_\_\_ # Additional Booth days \$50.00

Please indicate the day(s):  10/30/2024       10/31/2024       11/01/2024

OPTION 4 – VENDOR/SPONSOR PROGRAM AD\*

Front inside cover [List, no logo] \$50.00

Back inside cover [List, no logo] \$45.00

Back outside cover [List, no logo] \$75.00

¼ Page [Business Card] \$25.00

½ Page \$75.00

Full Page \$100.00

OPTION 5 – WEBSITE LINK

Link on NYSMICJ website to vendor/sponsor website [4 months] \$50.00

Link: \_\_\_\_\_

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## PAYMENT OPTIONS

Company Check or Money Order made payable to NYSMICJ. Mail vendor information, vendor sponsorship form and vendor agreement to: **NYSMICJ, P.O. Box 1244, Beacon, NY 12508**

Credit card payments please visit <https://tinyurl.com/jcadkern>, please enter the total amount for the options selected. Please note, failure to pay the full amount will result in an on-site payment before setting up your exhibit. No print or digital option will be executed without full payment.

Waiver Request – Request for waiver of registration fees must be made in writing by mail to NYSMICJ, P.O. Box 1244, Beacon, NY 12508 or by email to [lduke@nysmicj.org](mailto:lduke@nysmicj.org). Non-profit/non-funded entity can request a fee waiver for one booth, informational only, without lunch. For more information call 518-512-9884.

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## **IMPORTANT INFORMATION**

All company inserts for Option 2 must be received by October 16, 2024. Inserts for conference bags are to be mailed to: NYSMICJ, P.O. Box 1244, Beacon, NY 12508.

Banner display for Option 3 must be delivered to/received at the Poughkeepsie Holiday Inn, 2170 South Road, Poughkeepsie, NY 12601 by October 16, 2024 and arrangements for pickup/return must be included.

All company camera ready logos and/or ads for inclusion in programs must be received by September 20, 2024.

Website link to the company site will be available for 4 months after the conference.

No nails, bracing wires, tacks, staples or tape used in constructing displays may be attached to walls, floors or ceiling. All property damaged or destroyed by vendor/sponsor must be replaced to original condition by the vendor/sponsor at the vendor/sponsor expense.

## **FOR MORE INFORMATION OR QUESTIONS:**

Loyce Duke, [lduke@nysmicj.org](mailto:lduke@nysmicj.org) | 518-512-9884

Calvin Hill, [chill@nysmicj.org](mailto:chill@nysmicj.org)

Emily Williams, [ewilliams@nysmicj.org](mailto:ewilliams@nysmicj.org)

Jasmaine Clay, [jclay@nysmicj.org](mailto:jclay@nysmicj.org)



# NEW YORK STATE MINORITIES IN CRIMINAL JUSTICE, INC.

## RELEASE AND WAIVER OF LIABILITY for VENDOR/SPONSORS

This Release and Waiver of Liability is executed this \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ (herein referred to as  
"Vendor/Sponsor") in favor of New York State Minorities in Criminal Justice, Inc. (herein  
referred to as "NYSMICJ") and its directors, officers, employees, volunteers, and  
agents.

I, the Vendor/Sponsor, hereby freely and voluntarily, without duress, execute this  
Release under the following terms:

### **Vendor/Sponsor Responsibilities**

The Vendor/Sponsor will be responsible for removal of all its equipment and supplies at  
the conclusion of the event and will leave the exhibit area in a reasonably clean and  
neat condition. All storage and handling charges for failure to remove the exhibit  
materials from the exhibit area at the conclusion of the take down and move out period  
hereinabove referenced shall be the responsibility of the Vendor/Sponsor

The Vendor/Sponsor will be responsible for any damage caused to the building, floors,  
walls, columns, booth equipment, or to the property of other exhibitors. The  
Vendor/Sponsor will not apply paint, lacquer, adhesive or any other coating to any part  
of the building furnishings or booth equipment.

### **Waiver and Release**

I hereby release and forever discharge and hold harmless NYSMICJ, the conference  
venue and its successors and assigns from any and all liability, claims, demands, and  
causes of action, of whatever kind of nature, either in law or equity, which may hereafter  
arise from my participation with the Annual Symposium conference and/or any project,  
activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated  
or associated with NYSMICJ.

I understand that exhibition by the Vendor/Sponsor during any part of the scheduled  
event fulfills the obligation of NYSMICJ to the Vendor/Sponsor, and no refund or partial  
refund will be made to the Vendor/Sponsor if the Vendor/Sponsor opts to not operate for  
the entirety of their registration period.

I understand and acknowledge that this Release discharges NYSMICJ and the  
conference venue from any liability or claim that I may have against NYSMICJ, with  
respect to any bodily or other injury, illness, death, loss, theft, or property damage, or  
business or business reputation that may result from my participation. I also understand  
that NYSMICJ does not assume any responsibility or obligation to provide financial  
assistance or other assistance, including, but not limited to, medical, health, or disability  
insurance, in the event of injury, illness, death, or property damage.

## RELEASE AND WAIVER OF LIABILITY for VENDOR/SPONSORS

I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

### Vendor/Sponsor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Print

Signed By: \_\_\_\_\_

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

Vendor Name: \_\_\_\_\_

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