

**NEW YORK STATE ASSOCIATION FOR HEALTH,
PHYSICAL EDUCATION, RECREATION AND DANCE, INC.
NASSAU ZONE
Vendor and Exhibitor Application**

WHAT: The Nassau Zone of NYS AHPERD Annual Professional Conference

WHERE: Long Island University, C.W. Post Campus, Pratt Recreation Center

WHEN: Friday, February 27, 2009

TIME: 7:00 A.M. ----- 7:45 A.M. Registration, Breakfast, Exhibitors

7:45 A.M. ----- 8:00 A.M. Welcome

8:05 A.M. ----- 9:05 A.M. Session I

9:15 A.M. ----- 10:15 A.M. Session II

10:15 A.M. ----- 10:45 A.M. Visit Exhibitors

10:50 A.M. ----- 11:50 A.M. Session III

12:00 P.M. ----- 1:00 A.M. Session IV

1:00 P.M. ----- 2:00 P.M. Conference Wrap-Up

The committee is now accepting applications for vendors and exhibitors. The following items will be provided for each participant:

A. Floor space 6ft. wide x 6ft. 7in. deep

B. One 6ft. table

C. Electrical outlet (specify; limited number available)

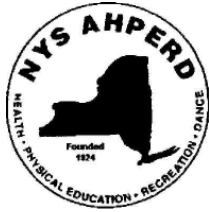
Exhibitors and vendors will be located in the same area as the majority of the stations scheduled for use, as well as the hospitality station, rest rooms and door prize area. The design is for maximum exposure for your booth. In addition, ample time has been set aside for the conference participants to visit your booth.

The fee for each exhibitor or vendor is **\$150.00** which will include the booth and hospitality. If additional people are to be present, please contact me and make the necessary arrangements.

For your information, approximately 300- 400 educators and administrators have annually participated in this one day conference. Registrants include Health and Physical Educators, Coaches and Administrators from New York City, Westchester, Nassau and Suffolk Counties. In addition, Superintendents and Board of Education members are guests.

If either you or your company is interested in a booth, please fill in the attached form and return it with your check to the address listed on the enclosed contract. Space is limited so we must operate on a first come, first served basis.

Thank You



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NASSAU ZONE

Vendor and Exhibitor Application

Date _____

Vendor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Raffle Door Prize _____

Service to be rendered to NYS AHPERD, Nassau Zone _____

Number of Booths @ \$150.00 per _____

Amount Enclosed _____ (include payment with contract)

Please include this form with check payable to: **Nassau Zone, NYS AHPERD**

Money will be refunded only if conference is cancelled.

DEADLINE IS: TUESDAY, FEBRUARY 19, 2009

Mail to: Jill Scheinberg

861 Alan Dr.

Wantagh, N.Y. 11793

Phone: 516-785-0009

Fax: 516-801-7319 (To: Paula Luparello)