

EXHIBIT



***New Jersey
School Counselor Association
2016 Fall Professional
Conference***

October 14, 2016

Rider University

Lawrenceville, NJ

**Attended by:
K-12 School Counselors &
Supervisors Licensed Professional
Counselors Graduate Students
Counselor Educators**



Dear Prospective Exhibitor,

The New Jersey School Counselor Association (NJSCA) invites you to be an exhibitor at our 2016 Fall Professional Development Conference being held on October 14, 2016 at Rider University in Lawrenceville, NJ. As we gathered feedback from our membership it clearly suggested we move to a one day conference on a college campus. NJSCA is a professional organization which represents over 1,700 K-12 New Jersey school counselors, graduate students and counselor educators.

It is our intent to create an interactive environment for you and our members. Attendees at this conference will have an opportunity to meet with exhibitor representatives to discuss and review their services and/or products on Friday, October 14, 2016

We encourage you to review this packet and become an exhibitor and/or sponsor of NJSCA with the opportunities to maximize your involvement with our members and guests. Exhibitors and sponsors will be recognized at lunch on October 14th.

NJSCA's Fall Conference provides an occasion to network with our members. Since NJSCA is an affiliate of NJEA, you will have the opportunity to make contact with NJEA counselor members. We encourage you to be a part of this very educational and inspirational event!

Sincerely,

NJSCA Fall Conference Committee

njsca.org@gmail.com

*"Promoting excellence in the school counselor
profession and advocating the development of all
students."*

www.njsca.org

**NJ SCHOOL COUNSELOR ASSOCIATION 2016 FALL PROFESSIONAL DEVELOPMENT
CONFERENCE • OCTOBER 14, 2016
Rider University, Lawrenceville, NJ**

Exhibitors will be furnished with one 6' table, two chairs, breakfast buffet, lunch and a listing in our Exhibitor Directory. Exhibit space is limited and will be assigned on a first-come, first-served basis.

Number of Tables _____ X \$200 = _____
Friday Lunch (\$35 per additional person) X \$35 = _____
(not included in exhibitor package)
Material Distribution (\$125.00) _____
TOTAL AMOUNT DUE _____

Total exhibit fee must be returned with this application. A written cancellation before September 12th will receive a full refund less a \$25 administrative fee. There will be no refunds for cancellations after September 12, 2016.

The following information will be used for Exhibitor confirmations and inclusion in the Exhibitor directory.

COMPANY NAME: _____
MAILING ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____ WEBSITE: _____ CONTACT NAME: _____
TITLE: _____

The undersigned is an officer, agent, or representative of the exhibitor authorized to enter into this agreement.

SIGNATURE: _____ DATE: _____
DESCRIPTION OF PRODUCTS/SERVICES TO BE EXHIBITED: _____

Method of Payment: Please note credit card payments to NJSCA will appear on your statement as a purchase from NJSCA.

Enclosed is our check for \$ _____ made payable to NJSCA (Fed ID #22-3393838).

Charge my payment to Credit Card # _____ Expiration Date: _____
(Circle One) Mastercard Visa American Express Discover Card

Cardholder's Signature (Required) _____

Cardholder's Name (please print): _____

Cardholder's Billing Address (if different from above) _____

Total Payment \$ _____

Please mail or fax completed application with payment to:

**New Jersey School Counselor Association
c/o Carolyn Reynolds
NJSCA Exhibit Management
479 Yardville-Hamilton Square Road,
Robbinsville, NJ 08691**

Phone: 609-585-9426

CarolReynol@aol.com

2016 NJSCA CONFERENCE

SPONSORSHIP OPPORTUNITIES

Platinum Sponsor: \$1,500

Includes - Distribution of materials to conference participants in the registration packets; an exhibit table (including Friday breakfast and lunch for two); a full projected ad in the conference media presentation and acknowledgement on the NJSCA's web site.

Silver Sponsor: \$1,000

Includes - Distribution of materials to conference participants in the registration packets; an exhibit table (including breakfast and lunch for one); a full projected ad in the conference media presentation and acknowledgement on the NJSCA's web site.

Meal Sponsorships (Full or Partial):

Meal sponsorships include signage and scheduled presentation time at the event.

Friday Breakfast	\$5,000
Friday "Beverage Break"	\$2,000
Friday Luncheon	\$5,500 - \$7,000

1. PLEASE INDICATE YOUR SPONSORSHIP EVENT AND FEE:

Sponsored Event _____ Sponsorship Fee _____

2. EXHIBITOR INFORMATION:

Company Name _____

Sponsorship Contact _____

Address _____

City/State/Zip _____

Phone _____ Email _____

3. METHOD OF PAYMENT: Please Note: Credit Card payments to NJSCA will appear on your statement as a purchase from NJSCA..

Enclosed is our check for \$ _____ made payable to NJSCA (Fed ID #22-3393838) Charge my payment to Credit Card # _____

Expiration Date: _____

American Express	Visa	MasterCard	Discover	Total Payment
				\$ _____

Cardholder's Signature (Required)

Cardholder's Name (please print)

_ Cardholder's Billing Address if Different from Above

4. PLEASE MAIL COMPLETED SPONSORSHIP FORM AND PAYMENT TO:

Carolyn Reynolds • NJSCA Exhibit Manage
479 Yardville-Hamilton Square Road, Robbinsville, NJ 08691-3320 Tel: 609-585-9426