

NYSHFA | NYSCAL

Virtual

18TH ANNUAL

Social Service AND Activities

2021 CONFERENCE

- MARKETING SPONSORSHIP OPPORTUNITIES -

March 3 | March 10 | March 17 | March 24



RECEIVE VISIBILITY, RECOGNITION and make a
STRONG STATEMENT about your COMMITMENT and
DEDICATION to the LONG-TERM CARE community!

FOUNDATION 
for QUALITY CARE

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Educational Program Sponsorship Opportunities

EDUCATIONAL PROGRAM SPONSORSHIP INCLUDES:

- Weekly Attendance List with Demographic Information
- Your Company Logo and Contact Information on the Connection Email to All Attendees (Sponsored Session Only)
- A Link to Your Company Promo Video Included on the Session's Connection Email
- Your Company Logo on the Cover Slide of the Speakers PowerPoint Presentation
- Your Company Description Read by Our Moderator the Day of the Program
- Attendance for One Employee to the Session
- Recognition on Our Conference Webpage

AUDIENCE INCLUDES: SOCIAL SERVICE DIRECTORS, SOCIAL WORKERS, ACTIVITY DIRECTORS, CASE MANAGERS

**Be Involved in the Action and Put Your Marketing Dollars to Work at the
NYSHFA | NYSCAL 18th Annual Social Services & Activities Conference - Interactive Zoom Webinar Series!**

SELECT	DATE	SESSION TITLE AND SPEAKER	FEE
<p>SOLD! <i>THANK YOU TO OUR SPONSOR:</i></p> 	<p>MARCH 3rd 1:30 pm - 3:30 pm</p>	<p>▶ OPENING KEYNOTE: LORI A. HOFFNER SUPPORTING COMMUNITY</p> <p><i>The Why of Work; Aligning Passion and Strengths to Get the Job Done</i></p>	<p>\$500.00</p>
<input type="checkbox"/>	<p>MARCH 10th 1:30 pm - 3:30 pm</p>	<p>▶ SPEAKER: KATE HANLEY AUTHOR</p> <p><i>Reframing the Conversation about Dementia Care</i></p>	<p>\$500.00</p>
<input type="checkbox"/>	<p>MARCH 17th 1:30 pm - 3:30 pm</p>	<p>▶ SPEAKER: JULIA FOX GARRISON HEALTHCARE ADVOCATE & AUTHOR</p> <p><i>Journey on the Gurney: Fostering Resilience on Both Sides of the Bed Rails & Outside the Box</i></p>	<p>\$500.00</p>
<input type="checkbox"/>	<p>MARCH 24th 1:30 pm - 3:30 pm</p>	<p>▶ CLOSING KEYNOTE: DR. FRANCIS BATTISTI, LCSW BATTISTI MANAGEMENT AFFILIATES</p> <p><i>Conessione...The Power of Connections</i></p>	<p>\$500.00</p>

Additional Sponsorship Opportunities

SELECT	EMAIL MARKETING OPPORTUNITY	FEE
<input type="checkbox"/>	<p>Email Flyer Sponsorship</p> <ul style="list-style-type: none"> » Your Company Marketing Flyer Emailed to All Registered Attendees (PDF file) » Attendance List with Demographic Information <p>» Select Your Session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Opening Keynote Lori Hoffner <input type="checkbox"/> Reframing the Conversation about Dementia Care Kate Hanley <input type="checkbox"/> Journey on the Gurney Julia Fox Garrison <input type="checkbox"/> Closing Keynote Dr. Francis Battisti 	<p>\$150.00 per flyer per session <i>(Limited to 4 Sponsors per Session)</i></p>

Raffle Items Requested

Live on each webinar our moderator will draw raffle winners at random. Companies are encouraged to participate by submitting a raffle item to NYSHFA | NYSCAL prior to February 24th. Raffle items should be items that are easily shipped.

BENEFITS OF DONATING A RAFFLE ITEM:

- » Recognition on the live program
- » Contact information for the winner
- » Attendance list with demographic information

SHIP TO: Scott Jackson, NYSHFA | NYSCAL, 33 Elk Street, Suite 300, Albany, NY 12207

THE VIRTUAL 18th ANNUAL SOCIAL SERVICE & ACTIVITIES CONFERENCE

Please send your registration via email to earmstrong@nyshfa-nyscal.org or sjackson@nyshfa.org or fax it to 518-426-4051.

For additional information contact Scott Jackson at 518-462-4800 ext. 27 or Erin Armstrong at ext. 22.

All payments are due in full at the time of registration. Thank you for all your support.

Organization Name: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

Contact Name: _____ Email: _____

METHOD OF PAYMENT: <input type="checkbox"/> Check <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Credit Card Number: _____	Exp. Date: _____
MAIL CHECK PAYMENTS TO Foundation for Quality Care 33 Elk Street, Suite 300 Albany, New York 12207	Cardholder Name: _____ Authorized Cardholder Signature: _____	

I authorize NYSHFA / NYSCAL / FQC to use the above AMEX, Discover, MasterCard or Visa to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. Substitutions are permitted and encouraged. Please note: payment will show on your credit card statement as coming from NYS Health Facilities Association.

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STAY CONNECTED!   

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Thank You for Your Support!

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