**Exhibitor Prospectus**

# Early Intervention & Children and Youth with Special Health Care Needs Summit: 2025 New York Statewide Meeting

**Albany Mariott, Albany, NY**

**April 9th & 10th, 2025**

**About NYSACHO**

The New York State Association of County Health Officials (NYSACHO) is a not-for-profit association with 501(c)(3) tax-exempt status, representing local health departments (LHDs) in New York State. The association provides advocacy, training, and technical assistance to LHDs. It is the voice of the state’s local public health system working for all New Yorkers to prevent disease and disability, promote health and safety, and protect against public health hazard in the environment.

**About the Early Intervention & Children and Youth with Special Health Care Needs Summit**

NYSACHO, in partnership with the New York State Department of Health’s (NYSDOH) Bureau of Early Intervention (BEI) and Bureau of Child Health (BCH), presents the Early Intervention & Children and Youth with Special Health Care Needs Summit for local health department (LHD) program staff. These two closely related programs, overseen by the NYSDOH and administered at the local level by LHDs (or local departments of social services (LDSS) in a few counties) offer services and supports for children with disabilities, developmental delays, or other chronic health issues and their families. The Early Intervention (EI) Program offers a variety of therapeutic and support services to infants and toddlers under 3 years of age with disabilities and developmental delays. The Children and Youth with Special Health Care Needs (CYSHNC) Program provides information and referral services for families of children, up to age 21, who have serious or chronic physical, developmental, behavioral, or emotional conditions. This annual statewide meeting brings together county EI and CYSHCN programmatic staff to learn about emerging topics, statewide programmatic updates, local best practices, and connect with their colleagues across the state. This event will take place on April 9th & 10th at the Albany Mariott (189 Wolf Rd, Albany, NY 12205).

*Attendees*

Approximately 200 attendees are expected for the 2025 New York Statewide Meeting. The primary audience for this event will be programmatic staff and/or leadership from each of the 58 LHDs/LDSSs which are responsible for administering the EI and CYSHCN programs across the state of New York.

**Exhibition Opportunities\***

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| --- | --- | --- |
| Level | Investment *(for both conference days)* | Benefits |
| Tier 1 Exhibitor | $1,750 | * Half-page advertisement to be included in the meeting’s exhibitor directory * Up to 5-minute announcement during lunch on April 10th. * Exhibitor table |
| Tier 2 Exhibitor | $1,250 | * Half-page advertisement to be included in the meeting’s exhibitor directory * Exhibitor table |
| Tier 3 Exhibitor | $750 | * Quarter-page advertisement to be included in the meeting’s exhibitor directory * Exhibitor table |

\* In the event that your organization may find it challenging to align with any of the above investment tiers, there remains an opportunity to participate by making a contribution of your choice. If you require further details about lower cost opportunities, please indicate as much on the application below.

Conversely, should your organization wish to make a more substantial contribution exceeding the predefined investment tiers, we welcome such proposals, and additional benefits can be discussed and negotiated directly with NYSACHO.

**Exhibitor Application**

Thank you for your interest in partnering with the New York State Association of County Health Officials! To be considered for an exhibition opportunity with NYSACHO, you must complete the form below. NYSACHO will contact you with more information about the status of your application prior to the event. Help us learn more about your organization by providing the requested information below and emailing your responses with this application to Grace Dawson ([gdawson@nysacho.org](mailto:gdawson@nysacho.org))

**Organization Information:**

|  |  |
| --- | --- |
| Organization Name: |  |
| Mailing Address: |  |
| City, State, Zip: |  |
| Street Address (if different than mailing address): |  |
| Main Phone: |  |
| Website: |  |

**Primary Contact Information:**

|  |  |
| --- | --- |
| First, MI, Last Name: |  |
| Title: |  |
| Email: |  |
| Mailing Address: |  |
| City, State, Zip: |  |
| Primary Phone: |  |

**Organization Representative(s) Attending:**

|  |  |
| --- | --- |
| ***Representative #1*** | |
| First, MI, Last Name: |  |
| Title: |  |
| Email: |  |
| Cell phone: |  |
| ***Representative #2*** | |
| First, MI, Last Name: |  |
| Title: |  |
| Email: |  |
| Cell phone: |  |

**Organization Mission:**

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**Describe how your organization currently works with and/or supports children and youth with disabilities, developmental delays, or other special health care needs and their families; or supports capacity building for local/governmental programs aimed towards this population.**

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**Please provide a brief description of your organization.**

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**Please select which exhibition opportunity you are interested in.**

*In the event that your organization may find it challenging to align with any of the specified tiers, there remains an opportunity to participate by making a contribution of your choosing.*

*Conversely, should your organization wish to make a more substantial contribution exceeding the predefined investment tiers, we welcome such proposals, and additional benefits can be discussed and negotiated directly with NYSACHO.*

Tier 1 *($1,750 for both conference days)*

Tier 2 *($1,250 for both conference days)*

Tier 3 *($750 for both conference days)*

Other – please share your proposed investment amount for the full conference *(if requesting a lower rate, please include an explanation as to why the lower rate is requested):* Click or tap here to enter text.

**Which days of the conference do you intend to exhibit during?**

Both – April 9th & 10th

April 9th only

April 10th only

**Describe your goals in partnering with NYSACHO (what does your organization hope to accomplish and how this partnership will benefit your organization as well as NYSACHO members).**

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**What products/programs/services will you display/discuss?**

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**Is there anything else we should know while considering your application?**

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**Do you require a power source at your table?**

Yes

No

**ACCEPTANCE TERMS**

1. All vendors must complete the NYSACHO Exhibitor Application form with all fields complete or their applications will not be considered.
2. Upon receiving your application, your application will be reviewed by the NYSACHO team.
3. **Selection Process** – Selection of Exhibitors will be based on relevance to the theme of the conference and date of receipt of the completed Vendor Form. The NYSACHO Board of Directors has final sign off on all exhibitors.
4. **Fees** – All approved exhibitors will be notified by email. Exhibitor fees, as stipulated on the application form, must then be received BY CHECK ONLY within two weeks of email notification. Failure to timely remit payment may result in the forfeiture of your spot. If you are having trouble meeting the payment deadline, please reach out to [gdawson@nysacho.org](mailto:gdawson@nysacho.org) to discuss options. Checks should be made out to the *New York State Association of County Health Officials* and sent to our office at *8 Airport Park Blvd, Latham NY 12110*.
5. **Exhibition Hours:** *(Subject to change; specific time will be set aside in the agenda for attendees to visit the exhibitors’ booths)*

***April 9th, 2025 | 12:00 pm – 4:30 pm***

* CYSHCN Only Sessions

***April 10th, 2025 | 8:15 am – 4:00 pm***

* Combined EI/CYSHCN Sessions & EI Only Sessions

1. **Cancellation Policy** – Exhibitor fee is non-refundable.

**Exhibitor RULES AND REGULATIONS**

1. Only products listed on the Exhibitor’s application may be discussed during the conference.
2. Only two representatives per table are permitted at one time, and only those with proper identification as the appropriate vendor representative(s) are allowed behind the booth table at any/all times.
3. Tables are limited and will be assigned on a first come, first served basis (upon approval of application and timely receipt of fee).
4. Table placement is not to be moved or swapped at any time.
5. Exhibitors should provide their own dolly/cart to move merchandise around and are responsible for handling their own merchandise at all times.
6. Please be respectful of other vendors and exhibitors around you.
7. Please note your participation as an event exhibitor does not indicate NYSACHO’s endorsement of your organization or products. The purpose of this event is to share information between exhibitors and conference participants.

**Thank you so much for your consideration of this opportunity and interest in participating during the conference. We are excited to bring your expertise, resources and ideas to the EIOs and county leaders across New York State!**