41st Annual NJSSAN Fall Conference Saturday, October 3, 2025 9:00 AM - 1:00 PM



Sponsor and Exhibitor Registration Form

Contact Name:				
Exhibitor Name: (if applicable):				
Agency/Organization:				
Address:				
City:	State:	Zip:		
Phone:	Email:			
□ Morning Mingle: \$2,500 ○ Conference attendees will ha giving participants the time to discuss the iss and relaxed atmosphere. Morning Mingle sp conference literature. Sponsors may also have	sues they face and share com oonsors will be recognized at	mon concerns and experiences the coffee station, registration	s in a friendly	
□ Networking Lunch: \$3,000 o The hour and a half-long session opportunity. Lunch sponsors will be recognitely the DJ during lunch is also included. Sponsors	ized at the registration table	and in conference literature. A		
☐ Ad Journal Full Page: \$600 ☐ Ha ○ Your logo and message will be printed copy will be at each table during the	oe featured in our ad journal	This will be distributed digital		
☐ Keynote Speaker: \$650 ○ Your logo will be featured in preceding/during the event. These funds ma		· ·	vent.	
□ Exhibitor Hall: \$300 ○ Attend our exhibitor hall and scheduled Exhibitor Hall session of the even		r information and resources du	uring the	
 Scholarship Fund: \$ Custom Amount You can donate an amount of might not otherwise be able 	f your choice to help provide	free tickets (\$75) to advocates	who	
Total Amount: \$				

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Kindly return this form along with payment to:

New Jersey Self-Advocacy Project 985 Livingston Avenue North Brunswick, NJ 08902

You may also e-mail the completed form to FBayak@ArcNJ.org
or fill out the form online at
https://www.arcnj.org/programs/njsap/luncheon-and-conference/
annual-fall-conference.html

Exhibitor Deadline: Sunday, August 31st, 2025

Please send your logo (and ad, if applicable) to FBayak@ArcNJ.org.

* Please make all checks payable to The Arc of New Jersey *
Please note that any income generated from this event will be used to offset
the conference costs, or any future event costs.

Credit Card # _			
Expiration Dat	e:	Code:	
AMEX	VISA	MASTERCARD	
Signature:		Date:	

