

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 have the opportunity to network during the registration and exhibitor hall, giving participants the time to discuss the issues they face and share common concerns and experiences in a friendly and relaxed atmosphere. Morning Mingle sponsors will be recognized at the coffee station, registration table, and in conference literature. Sponsors may also have a free exhibit table, if they wish.

☐ **Networking Lunch: \$3,000**

○ The hour and a half-long session for lunch will provide individuals with another networking opportunity. Lunch sponsors will be recognized at the registration table and in conference literature. A verbal mention by the DJ during lunch is also included. Sponsors may also have a free exhibit table, if they wish.

☐ **Ad Journal Full Page: \$600** ☐ **Half Page \$300** ☐ **Quarter Page \$150**

○ Your logo and message will be featured in our ad journal. This will be distributed digitally and a printed copy will be at each table during the event. *Size: 8.5" x 11" (full) / 8.5" x 5.5" (half), 4.25" x 5.5" (quarter)*

☐ **Keynote Speaker: \$650**

○ Your logo will be featured in the ad journal, social media promotions, and promotions preceding/during the event. These funds make it possible to provide a quality keynote speaker for the event.

☐ **Exhibitor Hall: \$300**

○ Attend our exhibitor hall and engage our guests with your information and resources during the scheduled Exhibitor Hall session of the event. One meal is included. Add additional meal for \$40.

☐ **Scholarship Fund: \$ Custom Amount** _____

○ You can donate an amount of your choice to help provide free tickets (\$75) to advocates who might not otherwise be able to attend the event.

Total Amount: \$ _____

"Please note that any income generated from this event will be used to offset the conference costs, or any future event costs."

New Jersey Self-Advocacy Project / 732-749-8514 / NJSAP@ArcNJ.org

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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](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 Date: _____ Code: _____

AMEX

VISA

MASTERCARD

Signature: _____ Date: _____

