



**2024**

# **EXHIBITORS GUIDE**

NEW YORK STATE  
ASSOCIATION OF  
AMBULATORY SURGERY  
CENTERS  
**[NYSAAASC]**

Annual Conference  
September 16-18, 2024



**CROWNE PLAZA®**  
AN IHG® HOTEL  
ALBANY – THE DESMOND HOTEL

Crowne Plaza Albany  
Desmond Hotel  
660 Albany Shaker Road  
Albany, New York 12211

**<https://www.desmondhotelsalbany.com>**

Event Planning Committee  
NYSAAASC

### **Conference Dates**

Tuesday, September 17<sup>th</sup> and Wednesday, September 18, 2024. Set up Monday, September 16, 2024.

Exhibitors Hall in *Fort Orange Square* opens on Tuesday, September 17, 2024, @ 8:00 AM

Cocktail Reception in *Fort Orange Square* on Tuesday, September 17, 2024, from 5:30 - 7 PM

Networking Dinner in *King Street Ballroom* on Tuesday, September 17, 2024, from 7 - 9 PM

***We ask that you RSVP to [info@nysaasc.org](mailto:info@nysaasc.org) by September 1, 2024, with the number of guests attending the Networking Dinner.***

### **Exhibitor Set Up**

**Monday September 16, 2024, 6:00 PM to 8:00 PM in Fort Orange Square**

### **Exhibitor Breakdown**

**Wednesday, September 18, 2024, beginning @ 2:00 PM**

### **Each exhibitor will be provided.**

Table - 1 6' x 30" table with gray floor length table cover

Chairs - 2 Chairs

Power - Standard electrical service (a 110-volt outlet) is included. Bring a power strip.

If you require additional power contact **Kehli Peek** - [kpeek@onservices.com](mailto:kpeek@onservices.com)

### **Delivery of Equipment/Promotional Materials to Crowne Plaza Albany – The Desmond Hotel**

Due to limited space, packages and meeting materials will be accepted no earlier than three (3) days prior to the meeting for which they are intended.

The hotel will accept deliveries starting on **Friday, September 13, 2024**

Any shipment over 100 lbs. must be communicated in advance to your Event Manager, and is subject to a receiving charge fee of \$50.00 per 100 lbs.

Event Manager: Phil Genovese  
Direct line: 518.640.6080  
Email: [pgenovese@desmondhotels.com](mailto:pgenovese@desmondhotels.com)

### **LABEL EACH BOX AS FOLLOWS AND INCLUDE YOUR COMPANY NAME**

FROM: "ABC Company"  
ATT: Crowne Plaza Albany – The Desmond Hotel  
C/O: NEW YORK STATE ASSOCIATION OF AMBULATORY SURGERY CENTERS  
DATE OF EVENT: SEPTEMBER 16, 2024  
ON SITE CONTACT: ATTN: Giovanna Guerci  
660 Albany Shaker Road  
Albany, New York 12211

Materials being shipped upon the conclusion of the event must be pre-paid and labeled for shipment and must be given to a member of the hotel staff at the time of departure.

Materials will be held for up to five (5) days after your function; if at that time you have not claimed your goods or materials, they will be discarded.

The hotel is not responsible for damaged packages or the safety or security of items once they have been distributed to the on-site contact.

### **Attendance**

Expected attendance is 150.

### **Attendee List**

The attendee list will be emailed to registered exhibitors but may be incomplete as attendees may register on the day of the conference.

### **Hotel Reservations**

Crowne Plaza Albany, Desmond Hotel, 660 Albany Shaker Rd, Albany, NY 12211

Early booking is recommended to secure your room and onsite parking is complimentary.

#### **On-Line Booking Link**

[NYS Association of Ambulatory Surgery Centers \(NYSAASC\) 2024 Conference BOOK HERE](#)

#### **Call-in Reservations**

Hotel direct at 518-869-8100, Group Code AMB

**PLEASE NOTE: The cut-off date for event group block reservations is August 25, 2024.**

### **Program Ads**

Exhibitors entitled to an ad in the program and exhibitors that buy ads must have their final copy emailed to Giovanna Guerri at [gguerri@friedlanderassociates.com](mailto:gguerri@friedlanderassociates.com) **NO** later than **Friday, August 23, 2024**.

### **Ad Copy Sizes**

#### **AD SIZE**

Full Page	Full Bleed: 8.75" x 11.25" Trimmed Size: 8.25" x 10.75"
1/2 Page	Full Bleed: 8.75" x 5.625" Trimmed Size: 8.25" x 5.375"
1/4 Page	Full Bleed: 4.375" x 5.625" Trimmed Size: 4.125" x 5.375"

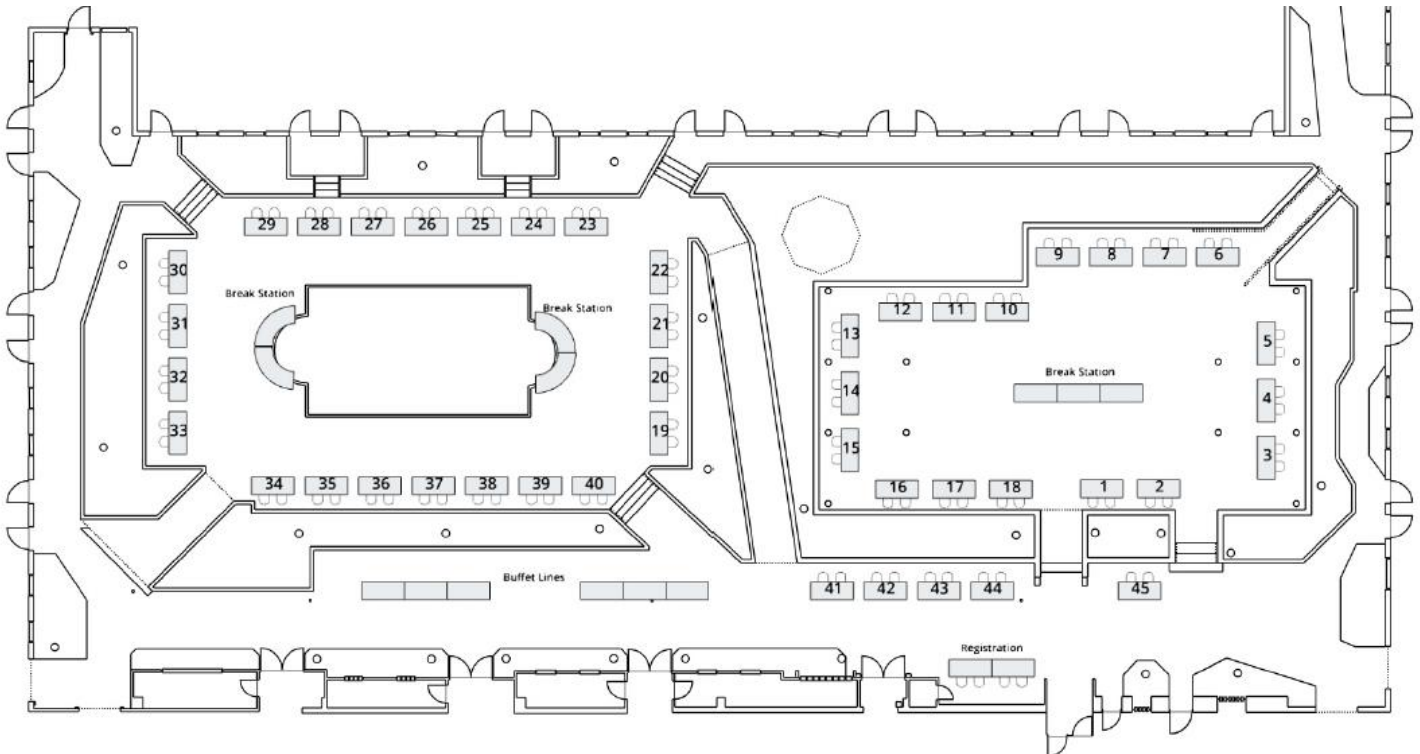
**Name Tags**

Please provide the Names for each attendee for their name tag.

**Floor Plan**

*Please note the floor plan may be changed.*

Booth numbers will emailed.



**Fort Orange Square**