## Reserve your space today in the Convention Journal



## **WBASNY 2024 Convention**

## May 31 – June 2, 2024 | The Gideon Putnam | Saratoga Springs, NY

For over 30 years, women attorneys in New York State have considered the Women's Bar Association of the State of New York ("WBASNY") their single most important resource in the legal profession. The 2024 Annual Convention attracts over 200 legal professionals from its highly diverse membership. WBASNY is comprised of partners and associates in firms of all sizes, sole practitioners, corporate counsel, judges, educators, elected and appointed officials, public employees and entrepreneurs.

The Convention journal will include statements by the outgoing president of WBASNY, a highlighted section of this year's award recipients, a calendar of the weekend's activities, and other articles of interest commemorating the Convention. It will be distributed to over 200 convention participants and will serve as the permanent historical record of the weekend's proceedings.

Ad Size	Amount	Dimensions
Back Cover	\$1,500	7½″ x 10″
Full Silver Banner Page	\$500	7½″ x 10″
Full Page	\$400	7½″ x 10″
Half Page	\$300	7½″ x 5″
Quarter Page	\$175	3¾″ x 5″
Business Card	\$100	3¾" x 2"
Booster (name only)	\$50	Name Only

Advertising or tribute space is available at the following levels:

- All advertisements will be published in black and white

- Convention journal size 8.5" x 11"
- Electronic (e-mail) ad copy to: events@wbasny.org
- Ads may be submitted as an Adobe pdf, Microsoft Word, or Publisher file



Name							
Firm (if applicable)							
Address							
City State		State	Zip				
Telephone		F	Fax				
<b>YES</b> , I / We, are pleased to advertise at the level indicated below.							
Convention Journal Advertisements							
	<ul> <li>Full Silver Banner Page (\$500)</li> <li>Full Page (\$400)</li> <li>Half Page (\$300)</li> <li>Quarter Page (\$175)</li> <li>Business Card (\$100)</li> </ul>						
METHOD OF PAYMENT							
	Enclosed is a check made payable to: WBASNY						
	Please charge my credit card: AE VISA MC						
	Card Holder Name						
	Account Number		CVS #	Expiration Date			
	Billing Zip Code Signed By						

Please return signed contract and payment to: