



25 HOUR PROGRAM IN

LOWER EXTREMITY MEDICINE AND SURGERY

October 3,4 &5 2025

Holiday Inn • Saratoga Springs, NY

PRESENTED BY

ACLES

American College
of Lower Extremity
Surgeons

Exhibitor Prospectus



Annual Saratoga Springs
Podiatry Conference

October 3,4,5, 2025

Holiday Inn - Saratoga Springs, NY

Program Director
William Sarchino, DPM

CME Director
Irina Vasserman, DPM

Exhibitor Committee
Bruce Holtzman, DPM

Event Planner
Charmane Dow

Exhibitor Information

Important Dates and Times

- ▶ Event Dates - October 3-5 2025
- ▶ Registration and booth set-up on October 3rd at 7:30 am
- ▶ Meeting begins on Friday, October 3rd at 7:30 am
- ▶ Registration will open for the 2025 Meeting on July 1, 2025

Exhibitor Registration

- ▶ All Registration information for companies wishing to exhibit can be found on this brochure on the ACLES

Exhibitor Table Times

- ▶ Friday, October 3rd starting at 12:00 pm
- ▶ Saturday, October 4th from 7:30 am - 6:00 pm
- ▶ Tables must be broken down by 1:30 pm on Sunday October 5th

Sponsorship Levels

Gold - \$5,000 - 2 spots available

- ◆ Any remaining GOLD spots will be released to SILVER or BRONZE exhibitors after August 15, 2025
- ◆ Prime location outside of the meeting room
- ◆ Four (4) company representatives allowed
- ◆ Recognition signage
- ◆ Name included on “thank you” gift provided to all attendees from the ACLES team.
- ◆ Advanced access to register to host breakfast and lunch corporate presentation reserved for GOLD sponsors through August 15, 2025. Breakfast and lunch dates will be released on a first request basis.
- ◆ 4 x 8 foot table provided with two chairs
- ◆ Any remaining SILVER spots released to BRONZE exhibitors after August 15, 2025.

Silver - \$2,500 - 3 spots available

- ◆ Next best location in Exhibit area
- ◆ Three company representatives allowed
- ◆ Recognition signage
- ◆ Advanced access to register to host breakfast or lunch corporate presentations reserved for SILVER sponsors (if still available). Dates will be assigned on a first request basis
- 4 x 8 foot table provided with two chairs

Bronze - \$1,500 - 6 spots available

- ◆ Next best location in Exhibit area
- ◆ Two company representatives allowed
- ◆ Recognition signage
- ◆ 4 x 8 foot table provided with two chairs

Exhibitor Information

Additional Company Representatives

All additional company representatives above the number allowed by the level of sponsorship will need to register as an attendee via the website or pay the \$150 additional fee.

Hotel Registration

A block of rooms has been secured at the host hotel at discounted rates. In order to secure a room within the block rate your company will need to be registered as an exhibitor first or you will need to be registered as an attendee.

Shipping

Shipping will be direct to the hotel and materials can arrive one week prior to the opening day. All materials shipped for your table should be clearly marked with your company name and "hold for Saratoga Podiatry Meeting".

Sponsorship Opportunities

Breakfast Symposium (50 person max)	\$1,000
Lunch Symposium (50 person max)	\$1,000
Welcome Reception	\$1,500
Name Badge Holders	\$500
Meeting Bags	\$250
Continental Breakfast in Exhibit area	\$750/day
Morning Break in Exhibit Hall	\$250/day

Sponsorship Registration Form

<input type="checkbox"/>	Gold	\$5,000	Top Sponsor, Premium Exhibit Space, Signage, Website Recognition, Gift
<input type="checkbox"/>	Silver	\$2,500	Highlighted Sponsorship Recognition, Signage and 2nd-tiered Exhibitor Space
<input type="checkbox"/>	Bronze	\$1,500	Sponsorship Recognition and 3rd-tiered Exhibitor Space
<input type="checkbox"/>	Exhibitor	\$1,200	

CONTACT INFORMATION

Contact Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
Work phone:	email:	
Cell phone:		

PAYMENT INFORMATION

Payable in US dollars. Please include a check or money order payable to the ACLES or fill in the credit card information below.

Payment Total: _____

Check number: _____

Credit card number: _____

CSC Number (3-digit number on back of card / AMEX 4-digit number on front): _____

Expiration Date: _____ **Signature:** _____

Billing address (if different) _____: _____
