



APPLICATION FOR EXHIBIT SPACE

NEW YORK STATE FUNERAL DIRECTORS ASSOCIATION, INC.
ANNUAL MEETING & EXHIBIT
Saratoga City Center, Saratoga Springs, NY
August 20 - 23, 2017

RETURN TO: New York State Funeral Directors Association, Inc., 1 South Family Drive, Albany, NY 12205.

Kindly indicate your three (3) booth choices as selected from the official floor plan submitted by the NYSFDA. This is **NOT** a guarantee. Booth spaces will assigned at the discretion of NYSFDA. Each booth comes with signage and draping. The fee for exhibit space is **\$850** for a 10' X 10' booth space. Vehicle spaces are **\$1050** each. Booth carpeting is **NOT** included.

First booth preference: _____ at \$ _____

Second booth preference: _____ at \$ _____

Third booth preference: _____ at \$ _____

In case your first three choices are not available, state **preference**, if any, about locating your exhibit **near** or removed **from** those of similar interest:

Indicate type of merchandise to be displayed: _____

I agree to pay 50% of the total rental charge either by check (made payable to NYSFDA) or credit card. It is hereby agreed that the undersigned agrees to and will abide by the *Rules and Regulations* printed within this booklet and that those *Rules and Regulations* are a part of this agreement. It is understood that deposits will not be refunded after Friday, June 30, 2017 and that acceptance of our application by NYSFDA shall constitute a contract.

Company: _____ Contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____ Fax: _____

Name to appear on booth sign: _____

Acct #: _____ Print name: _____

Card expires: _____ CSV code: _____ Authorized signature: _____

Important Notice: Please read and complete this form. Upon acceptance, a copy will be returned to each exhibitor and serve as the record of your reserved space.

BALANCE DUE: Friday, June 30, 2017

ACCEPTED for NEW YORK STATE FUNERAL DIRECTORS ASSOCIATION, INC.

By: **Kelly S. Deitz**
Title: **Director, Core Programs and Foundation**

Signature: _____

Deposit Received \$: _____

BALANCE DUE: _____