

# Application for Exhibit Space & Sponsorship

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 20, 2025 and that acceptance of our application by NYSFDA shall constitute a contract.

## Company Information

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name to appear on booth sign:  
\_\_\_\_\_

## Booth Selection

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

In the case those 3 booth spaces are not available, state preference, if any, about locating your booth near or removed from those of similar interest:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate type of merchandise/service your company provides:  
\_\_\_\_\_

## Payment Information

Check    Credit Card:     Visa     MasterCard     Discover     American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

## Return completed form to:

New York State Funeral Directors Association  
Attn: Kelly Deitz, Senior Director of Association and Tribute  
1 South Family Drive, Albany, NY 12205  
info@nysfda.org | Fax: 518.452.8667

## Sponsorship

Diamond (\$7,500)

Platinum (\$5,000)

Gold (\$3,000)

Silver (\$2,000)

Bronze (\$1,000)

Partner (\$500)

Friend (\$250)

Exclusive Event Sponsorship (*call NYSFDA Headquarters*)

## Sponsor Contact *(if different from exhibit contact)*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Registration Total

Booth Rate: \_\_\_\_\_  
(10' x 10' booth space \$900 / 40' x 20' Vehicle space \$1,100)

Sponsorship Contribution: \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

Accepted by: \_\_\_\_\_

Deposit Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_