

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 26, 2026 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:

Sponsorship

Platinum (\$7,500+)

Diamond (\$5,000)

Gold (\$3,000)

Silver (\$2,000)

Bronze (\$1,000)

Partner (\$500)

Friend (\$250)

Exclusive Event Sponsorship (call NYSFDA Headquarters)

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:

Sponsor Contact *(if different from exhibit contact)*

Name: _____

Email: _____

Phone: _____

Registration Total

Booth Rate: _____

(10' x 10' booth space \$950 / 40' x 20' Vehicle space \$1,150)

Sponsorship Contribution: _____

TOTAL: \$ _____

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, Association & Tribute
1 South Family Drive, Albany, NY 12205
info@nysfda.org | Fax: 518.452.8667

Accepted by: _____

Deposit Received: \$ _____

Date: _____