

Funeral Home Information

Complete this form and return it with payment to NYSFDA headquarters. **Please complete one form per person.** Or, register online by visiting **my.nysfda.org/convention**. Hotel reservations must be made directly with the Saratoga Hilton.

Firm Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Licensed Attendee: _____ Registration # _____

Non-Licensed Attendees (Spouse, Guest, Children) _____

Emergency Contact (Name, Phone Number): _____

Please do not share my email address with exhibitors

Please note, by completing this form and sharing information and/or images with NYSFDA, you are agreeing to be featured in any association publications, websites, and/or social media platforms.

Pre-Registration Fees

Must be registered by Monday, August 10, 2026. After that, registration rates will be considered "on-site".

Member Category

- NYSFDA Member
- Non-Member
- Resident/Student

Registration Type

- Member Full - Free
- Member Day - Free
- Non-Member Full - \$330/person
- Non-Member Day - \$220/day/person

Yes, this is my first Convention.

Yes, I've been licensed under five years.

On-Site Registration Fees

Registration received after Monday, August 10, 2026.

Member Category

- NYSFDA Member
- Non-Member
- Resident/Student

Registration Type

- Member Full - \$260/person
- Member Day - \$180/day/person
- Non-Member Full - \$530/person
- Non-Member Day - \$330/day/person

For membership information, please call Michelle or Kelly at 800.291.2629.

Note: Non-exhibiting suppliers are not permitted entry into the exhibit hall. NYSFDA reserves the right to refuse ineligible registrations.



NYSFDA 2026 Annual Convention

August 17 - 19, 2026

Saratoga Hilton & Saratoga Springs City Center | Saratoga, NY

Ticketed Events

Buffet Lunch (Monday):

_____ # of tickets x \$44/ticket = \$ _____

Annual Banquet (Tuesday):

_____ # of tickets x \$170/ticket = \$ _____

Name(s) of Guest(s): _____

Day at the Races (Wednesday):

_____ # of tickets x \$176/ticket = \$ _____

Registration Total

Registration: \$ _____ + Ticketed Events: \$ _____ = Total: \$

Payment Information

Check Credit Card: Visa Mastercard Discover American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____ Billing Zip Code: _____

Return Completed Form To:

New York State Funeral Directors Association
ATTN: Michelle Mora, Member Services Specialist
1 South Family Drive, Albany, NY 12205
info@nysfda.org | Fax: 518.452.8667

NYSFDA Refund Policy: Full refunds on the Monday event, Tuesday's Banquet and non-member registration fees will be provided 7 days prior to the event.