

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 24, 2022 and that acceptance of our application by NYSFDA shall constitute a contract.

COMPANY INFORMATION

Firm Name: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____
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 to be displayed:

SPONSORSHIP

- Platinum (\$5,000+)
- Diamond (\$4,000)
- 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: _____
Phone #: _____
Email: _____

REGISTRATION TOTAL

Booth Rate: _____
(10' x 10' booth space - \$900/ 40' x 20' vehicle space - \$1,050)
Sponsorship Contribution: _____

Total: _____

PAYMENT INFORMATION

Check Credit Card: Visa MasterCard Discover American Express

Name on Card: _____
Card Number: _____
Expiration Date: _____ CSV Code: _____ Billing Zip: _____

RETURN COMPLETED FORM TO:

New York State Funeral Directors Association
Attn: Kelly Deitz, Director, Core Programs & Foundation
1 South Family Drive | Albany, NY 12205
info@nysfda.org | Fax: 518.452.8667

Accepted by: _____
Deposit Received: \$ _____
Date: _____