



# NYSFDA 2025 Annual Convention

August 18 - 20, 2025

Saratoga Hilton & Saratoga Springs City Center | Saratoga, NY

## 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](http://my.nysfda.org/convention). Hotel reservations must be made directly with the Saratoga Hilton.

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

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

City, State, Zip: \_\_\_\_\_

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

Licensed Attendee: \_\_\_\_\_ License # \_\_\_\_\_

Non-Licensed Attendees (Spouse, Guest, Children) \_\_\_\_\_

Emergency Contact (Name, Phone Number): \_\_\_\_\_

*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 11. 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 August 11.

### 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.



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## Ticketed Events

### Buffet Lunch (Monday):

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

### Day at the Races (Wednesday):

\_\_\_\_\_ # of tickets x \$165/ticket = \$ \_\_\_\_\_

### Annual Banquet (Tuesday):

\_\_\_\_\_ # of tickets x \$160/ticket = \$ \_\_\_\_\_

Name(s) of Guest(s): \_\_\_\_\_

**Meal Selection:** (please indicate # of each meal needed)

\_\_\_\_\_ Strip Loin          \_\_\_\_\_ Chicken Limone

\_\_\_\_\_ Farci Squash (*Vegetarian/Vegan*)

## 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 3 days prior to the event. A 50% refund applies to cancellations up to 24 hours before an event.