



## 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](https://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.