CAFDA Vendor/Sponsor Application Form

Welcome Vendors/Sponsors & thank you for your interest! Please complete & return this form with your payment to: **CAFDA**

P.O. Box 242 East Schodack, NY 12063.

Should you have any questions, please contact Art Hunsinger at 518-376-3751 or arttv19@gmail.com.



CONFERENCE DETAILS

1st Annual CAFDA Conference Thursday, April 25 through - Saturday, April 27, 2024

Fort William Henry Hotel & Conference Center 48 Canada Street, Lake George, NY

OVERNIGHT ACCOMODATION RESERVATION INFORMATION

Room reservations are the responsibility of the Vendor*

Telephone Reservations only at 800-234-0267 or (Local) 518-668-3081

Group Code: CAFDA Conference

Rates: \$139 Deluxe, \$159 Premium/Basic Grand

*If tax exempt, documentation (i.e. ST-129) must be presented at time of check- in

VENDOR SHOW DETAILS

Friday, April 26th 3:00 – 5:00 PM (Vendors may begin setup after 12:00 pm) Saturday, April 27th 8:30 - 10:00 am

Please Check One:		
□ VENDOR Only: \$300: One 8 morning continental breakfast	8' table w/white tablecloth & two chairs (power if requested t	d) and Saturday
	tions over \$400 and up to \$1,499: One 8' table w/white table morning continental breakfast <u>PLUS</u> advertising as a Conght Reception	
 ■ EVENT Sponsor: Contributions at/over \$1,500: One 8' table & two chairs w/white tablecloth (power if requested), Saturday morning continental breakfast <u>PLUS</u> advertising as a Conference Event Sponsor <u>PLUS</u> TWO tickets to Friday Night Reception 		
☐ Additional Five Alarm Reception	ion tickets can be purchased for \$50.00/ticket # Requested	l
Name of Business/Organization:_		
Contact Name:		
Phone:	Email:	
Do you require POWER: YES \square	l NO□	
CLEAN UP: Vendors are respons	sible for their booth area during and after the event.	
Signature:	Da	ate: