

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

CAFDA Conference 2026

Thursday, April 9 through – Saturday, April 11, 2026

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: \$154 Deluxe, \$174 Premium/Grand

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

VENDOR SHOW DETAILS

Friday, April 10th 3:00 – 7:00 PM (Vendors may begin setup after 12:00 pm)

Please Check One:

- ☐ **VENDOR Only:** \$400: Includes one 8' table w/white tablecloth & two chairs (power if requested) and two tickets to the Friday Night Cocktail/Dinner Reception
- ☐ **EVENT Sponsor:** Contributions over \$400 and up to \$1,499: Includes one 8' table w/white tablecloth & two chairs (power if requested), and two tickets to Friday Night Coctail/Dinner Reception
PLUS advertising as a Conference Event Sponsor
- ☐ **TITLE Sponsor:** Contributions at/over \$1,500: Includes one 8' table & two chairs w/white tablecloth (power if requested), and four tickets to Friday Night Coctail/Dinner Reception
PLUS advertising as a Conference Title Sponsor with premium signage
- ☐ **Outside Space:** Available for additional display (space limited): \$100
Please Provide Display Specifications _____
- ☐ Additional Tickets to Vendor Show & Cocktail/Dinner Reception available at \$30.00/ticket. # Requested _____

Name of

Business/Organization: _____

Contact Name: _____

Phone: _____ Email: _____

Do you require POWER: YES ☐ NO ☐

CLEAN UP: Vendors are responsible for their booth area during and after the event.

Signature: _____

Date: _____