



Family Child Care Association of NY State, Inc.
P.O. Box 5486 Albany, NY 12205

Dear Potential Exhibitor,

Once again it is time to start seeking exhibitors for the FCCANYS 28th Annual Conference that will be held on Friday & Saturday, March 15th and 16th, 2019 at the Gideon Putnum Resort in Saratoga Springs, NY. This exciting and well-attended professional Conference will attract 150 child care professionals from across New York State.

I would like to invite you to be a Vendor/Exhibitor at our Conference. Vendor/Exhibitors will be on display Friday & Saturday, March 15th & 16th, 2019.

Space availability is limited. I encourage you to book early so you will not be disappointed.

Exhibitors are asked, when possible, to have items for sale for participants to purchase and take with them. Participants are excited to bring new items back to their child care environments, and we find that your table will be more popular and lucrative if you have items to purchase. Please stock your table with many copies of brochures, catalogues and **items to sell**. (Each layout includes: 1- 6' Table, 1 chair, 1 tablecloth)

As in the past, we ask that **NO** toys/items of a violent or aggressive nature be sold.

You may choose to exhibit for one or two days (depending on availability). Workshops, Keynotes & Meals are NOT included in the vendor/exhibitor fee. Meals may be purchased at the hotel restaurant or you may purchase meals to eat along with the conference attendees. Additionally, Exhibitors are requested to provide a donation of merchandise with a minimum value of \$35.00.

To reserve your vendor space and make a payment online (with a debit or credit card)

Please visit: www.fccanys.org

OR return the completed form (below) along with payment (checks payable to FCCANYS) to:

Joan Hallett-Valentine, 142 McKinley Street, Lake Placid, NY 12946

If you have any questions please contact Debbie Strack, dstrack@fccanys.org, or call 518-523-2812

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2019 FCCANYS Conference Exhibitor Form

Company Name _____

Address _____

Contact Number _____ **Fax Number** _____

Contact Name _____ **E-mail** _____

\$100 - One table - Two days \$75 – (Non-Profit) One table- Two days

\$75 – One table - One day \$50 – (Non-Profit) One table- One day

One day, please select Friday **or** Saturday

Electric - \$50

Friday Lunch - \$28 Saturday Lunch - \$28

Total amount enclosed \$ _____