

2026
Convention



September 25th - 27th

MARGARITAVILLE
Hotels & Resorts

CAPE COD

225 Iyannough Rd., Hyannis, MA
+1 508-771-3000



NEWFDA.org



NEWFDA 2026 Convention Registration



MARGARITAVILLE RESORT, Hyannis, MA

September 25th - 27th 2026

Rate Information

Occupancy Rates (per person)	Children's Rates (Apply when sharing room with one or more paying adults)	Registration Fee
Double: \$2900	Under age 2: Free	Members (per room) \$250
Single: \$3200	Age 3 – 10: \$450	Non-Members (per room) \$350
Suite Double Occupancy: \$4500	Age 11 – 17: \$500	

Registrant Information

Company: _____ Name: _____

Name as it will appear on your badge: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

(*Home address required for home delivery)

Phone: _____ Fax: _____ Email: _____

Spouse's Name & E-mail Address
(if applicable): _____

GUEST ROOMS				CHILDREN / REGISTRATION / ADD NIGHTS				
Registrant Names	Double Occ	Single Occ	Suite Double Occ	Children	Date of Birth	Registration Fee	Additional Nights	Total
	Sept 25-27 \$2900 pp	Sept 25-27 \$3200 pp	Sept 25-27 \$4500 pp	Age 3-10 \$450/child Age 11-17 \$500/child		(Member) \$250 Room (Non-Member) \$350 Room	Per Night \$450: Std \$695: Suite	

*Rate includes accommodations, resort fees, family activities, daily breakfast & dinner, entertainment, and taxes.

Payment Method

☐ AMEX ☐ Visa ☐ Mastercard ☐ Check (Please make checks payable to NEWFDA)

Card #: _____ Cardholder Name: _____ Exp: _____ Zip Code: _____ CVV: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown and agrees to perform the obligation set forth in the Cardholder's agreement with the issuer.

Mail with check or credit card information to: NEWFDA, 18 Williams Court, Braintree, MA 02184 E-mail Kgriffin@NEWFDA.org Telephone: (617) 922-4300



NEWFDA 2026 Convention Airfare Registration

MARGARITAVILLE RESORT, Hyannis, MA

September 25th - 27th, 2026

Names of Passengers as they appear on ID's	Date Of Birth	Preferred Airline/ Flight #	Preferred Airport Depart/Return	Date of Depart	Time of Depart	Date of Return	Time of Return	Frequent Flyer #

Please Note: a \$50 Administrative Fee will be added to your invoice for this convenience

Primary Flyer Name:_____

Company:_____

Address of Primary Flyer:_____

Email:_____

Special Requests/Notes:_____



2026 Annual NEWFDA Convention Sponsor Form

MARGARITAVILLE RESORT, Hyannis, MA

September 25th - 27th, 2026

SPONSOR INFORMATION

Sponsoring a portion of the Annual NEWFDA Convention 2026 is an excellent way to promote your company while helping to offset cost of the event, allowing more funds to go to the NEWFDA Scholarship Fund. Your support will be recognized in various ways, throughout the event as outlined below.

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit Card Type: _____ Card #: _____

Expiration Date: _____ Sec. Code: _____ Billing Zip Code: _____

☐ Please send me an invoice

SPONSORSHIP OPPORTUNITIES

The below sponsorship levels include sponsor signage with company logo featured in the Convention program.

☐ \$500 ☐ \$1,000 ☐ \$1,500 ☐ \$2,000 ☐ \$2,500

The sponsorship levels below include sponsor signage with company logo featured prominently at Convention Events and Featured Pages in the Convention program.

☐ \$3,000 ☐ \$3,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000

Thank you for your generous support of the 2026 NEWFDA Convention!



Convention 2026 Donation Form

Thank you for taking part in **NEWFDA Convention 2025!** Please consider donating VIP coupons, product for the Hospitality Suite, and items to support our Silent Auction, proceeds of which go directly to the NEWFDA Scholarship Fund. **A listing of all generous donors will be displayed at the Convention.**

DONOR INFORMATION

Company/Donor Name: _____
Contact Name: _____ Phone: _____
E-Mail: _____ Website: _____

VIP COUPONS

We appreciate any/all VIP coupons that you would like to donate, which are included in the Convention registration packets for our members.

COUPON PRODUCT /

Item(s): _____

Please send VIP coupons to NEWFDA by September 15th

NEWFDA - 18 Williams Court - Braintree, MA 02184 - Attn: Kevin Griffin

HOSPITALITY SUITE PRODUCT

The Hospitality Suite is one of the highlights of the Convention, where members come to connect and view colleague's product lines/samples. We appreciate all samples that you would like to donate for the Hospitality Suite; these items will be put on display and available for our members during the Convention.

PRODUCT DESCRIPTION

Item(s): _____

Please send all Hospitality suite items to Margaritaville Resort Cape Cod: 9/21-9/24 to address below:

"Please return this form to Kevin Griffin @ kgriffin@newfda.org AND Deb.Lariviere@comcast.net"

SILENT AUCTION PRIZES

Silent Auction items will be set on display at the Convention and available for bidding throughout the Convention. Items include: sports event tickets, gift cards, sports equipment, apparel, memorabilia, etc. Please send auction items to the **NEWFDA office (address below)** or send to the **Margaritaville Resort Cape Cod (address below)**. Thank you!

PRODUCT DESCRIPTION

Name of Item(s): _____ Cost or Value: _____

Name of Item(s): _____ Cost or Value: _____

Description of Item(s): _____

DONATION OF SERVICE OR A GIFT CERTIFICATE

If you are donating a service or a gift certificate, please provide a letter or certificate that includes the following information:

- ✓ Name of product or service
- ✓ Description of what is included and what is excluded
- ✓ Name of person to contact for further information
- ✓ Additional information such as a photo or brochure as appropriate
- ✓ Date of expiration

SHIPPING OPTIONS: (Please check one)

- ☐ Between now and September 15th, I will send above listed items to NEWFDA at
NEWFDA - 18 Williams Court - Braintree, MA 02184 - Attn: Kevin Griffin
- ☐ Between 9/21 - 9/24, I will send above listed items to Margaritaville Resort Cape Cod
Margaritaville Resort Cape Cod, 1225 Lyannough Road, Hyannis, MA 02601 - ATTN: Kara Rinehard
- **Please label boxes: NEWFDA Convention / Kevin Griffin**

Please return this form to Kevin Griffin @ kgriffin@newfda.org AND Deb.Lariviere@comcast.net