



NorthEast Wholesale Food Distributors Association

2025 *Convention*



September 26th - 28th

MARGARITAVILLE
Hotels & Resorts

CAPE COD

225 Iyannough Rd., Hyannis, MA

+1 508-771-3000



NEWFDA.org



NEWFDA 2025 Convention Registration



MARGARITAVILLE RESORT, Hyannis, MA

September 26th - 28th 2025

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): _____

Registrant Names	GUEST ROOMS			CHILDREN / REGISTRATION / ADD NIGHTS				Total
	Double Occ Sept 26-28 \$2900 pp	Single Occ Sept 26-28 \$3200 pp	Suite Double Occ Sept 26-28 \$4500	Children Age 3-10 \$450/child Age 11-17 \$500/child	Date of Birth	Registration Fee (Member) \$250 Room (Non-Member) \$350 Room	Additional Nights 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
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NEWFDA 2025 Convention Airfare Registration

**MARGARITAVILLE RESORT, Hyannis, MA
 September 26th - 28th, 2025**

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: _____



2025 Annual NEWFDA Convention Sponsor Form

MARGARITAVILLE RESORT, Hyannis, MA

September 26th - 28th, 2025

SPONSOR INFORMATION

Sponsoring a portion of the Annual NEWFDA Convention 2025 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 2025 NEWFDA Convention!