



Saturday – Monday, January 17-19, 2026
Saturday & Sunday 9am – 5pm
Monday 9am – 3pm

Applications due: December 1, 2025

at The Luxury Collection Hotel Midtown Manhattan • 151 West 54th Street • New York, NY 10019

SHOW INFORMATION – ONE BEDROOM SUITE 520 SQ FT.

THE VENUE:

- Our individual boutique tradeshow concept offers an upscale, intimate setting with space of 520sf, divided into a bedroom and parlor. The exhibitor spaces will be located on consecutive and privatized floors as a convenience for your buyers.
- Complimentary high-speed Internet access is available.
- The elevators will be unlocked during show hours. If you are scheduling appointments outside the show hours, please note you will have to meet your guests in the lobby to escort them to your suite.

APPLICATION & PAYMENT SCHEDULE:

- To reserve an exhibit showroom, return this application with a \$1,000 non-refundable deposit as soon as possible
- Payment in full is due no later than **December 1, 2025**, and is non-refundable
- If you are paying by credit card, a 3% fee will be applied, and the balance will be debited from the card in the contract on December 15, 2025. Failure to pay-in-full may result in a loss of exhibit space.
- The exhibitor fee may increase \$500 for applications received after December 1, 2025.
- The exhibit fee includes the Marriott's event management fee, DFNY's marketing fee, sleeping accommodations and all taxes are included in the rate.

SETUP / BREAKDOWN:

- Setup begins on Friday, January 16, 2026 at 3pm. If you need access to the exhibitor space earlier, please book the showroom suite for a Thursday arrival.
- Equipment rentals will be available for pick up between 3 PM and 5 PM in the CTDA hospitality suite. We will also be delivering these to your suite during this time. If other arrangements need to be made, please notify the CTDA in advance of setup. Please leave all the equipment in your suite at the end of the show and the hotel porters will be it up.
- The show ends Monday, January 19, 2026, at 3pm. Checkout is at noon on Tuesday, January 20, 2026. Kindly remember exhibitors may still be working with clients as you break down your exhibit.

SPECIAL FREIGHT HANDLING:

- **Schedule your shipments to arrive no sooner than 2 days prior to your arrival to avoid storage fees.** All boxes must be clearly marked with DFNY, name on the reservation, company name and cell phone number. *Please do not list a room number on your boxes per the hotel's request.*
- The Mailing/Shipping Address is: The Luxury Collection Hotel Midtown Manhattan, 151 W. 54th Street, New York, NY 10019
- Please contact the hotel regarding special shipping or extra-large freight handling requirements. Jon Reveille can be reached at 212.468.8895. Please note you will be responsible for portage fees.

SLEEPING ROOM INFORMATION:

- You are welcome to sleep in the exhibit space (suite) at no additional charge. Rollaway beds are available upon request.
- If you need additional sleeping rooms, please mark it on your application or email D-D Lazenby at info@ctda.com. Please note, the hotel is an all-suite luxury property that does not offer standard rooms.

SHOW CONTACT

D-D Lazenby – CTDA Executive Director & DFNY Show Director

(p) 888-248-2832, (t) 585-703-6243, (e) info@ctda.com, (WhatsApp)





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EXHIBIT SPACE / SHOWROOM SUITES 1 Bedroom Suite (520sf) divided into a bedroom and parlor

If you check in on Friday at 3pm, 4 nights carries you through to the end of the show. Please select from the following options:

	4 Night Price	5 Night Price	6 Night Price	7 Night Price
CTDA Member Rate	<input type="checkbox"/> \$ 3,650	<input type="checkbox"/> \$ 4,220	<input type="checkbox"/> \$ 4,785	<input type="checkbox"/> \$ 5,350
CTDA Non-Member Rate	<input type="checkbox"/> \$ 4,150	<input type="checkbox"/> \$ 4,720	<input type="checkbox"/> \$ 5,285	<input type="checkbox"/> \$ 5,850

On which dates will you check in/out? Check-In (day/date) _____ Check-Out (day/date) _____

What time do you plan to arrive at the hotel? _____ AM / PM

Additional Accommodations:

- Rollaway Bed \$0 Qty. # _____
- Mini Refrigerator \$0 Qty. # _____
- Additional beverage glassware \$0 Qty. # _____
- Additional Chairs \$0 Qty. # _____
- Garment Steamer \$0 Qty. # _____

EQUIPMENT RENTAL *Please order what you need for your exhibit. All equipment must be PRE-ORDERED.*

Equipment Rentals	Price	Quantity #	Total \$
<input type="checkbox"/> Rolling Rack	\$50	_____	_____
<input type="checkbox"/> Double Rolling Rack	\$60	_____	_____
<input type="checkbox"/> 2 Way Rack with Slanted Arms	\$75	_____	_____
<input type="checkbox"/> 4 Way Rack with Slanted Arms	\$75	_____	_____
<input type="checkbox"/> 4 Foot Table	\$60	_____	_____
<input type="checkbox"/> Tilting Mirror	\$100	_____	_____
<input type="checkbox"/> 3/4 Male Form with metal base	\$125	_____	_____
<input type="checkbox"/> 3/4 Female Form with metal base	\$125	_____	_____
<input type="checkbox"/> Lighting, one pole, halogen bulb & hood	\$40	_____	_____
<input type="checkbox"/> Metro Shelf on Wheels 18 x 48 x 5'UP (5 shelves)	\$160	_____	_____



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**Please note that the equipment is rented from a third-party provider and the hotel doesn't not have additional equipment on-site. All arrangements for rentals must be handled in advance of the show.*

EXHIBITING COMPANY INFORMATION

Please list information exactly as you would like it to appear on all DFNY marketing materials.

COMPANY NAME _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person: _____

ONSITE Cell Phone # _____

Email _____ Website _____

Company / Product Description: _____

* Select product category(s): Custom Clothing Ready-to-Wear Non-Custom Clothing N/A

*Select product offering(s): Accessories CMT House: (Men's | Women's) Fabric Supplier Jeans Shirts

Sweaters Shoes Technology Other _____

BILLING INFORMATION

Please check your method of payment

Credit Card (a non-refundable 3% fee will be applied)

Card Number: _____ Expiration Date: _____ Security Code: _____

Cardholder's Name: _____

Billing Street Address _____ Billing Zip Code _____

Cardholder Signature: _____ Date: _____

I authorized the CTDA to charge my card for the amount indicated on my order form. I understand that the \$1,000 deposit is non-refundable, and the full balance becomes non-refundable on December 15, 2025. Non-refundable fee of 3% will be applied to all credit card transactions (with no exceptions).



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CODE OF TOTAL CONDUCT

Custom Tailors & Designers Association’s Code of Total Conduct

The Board of Directors of the Custom Tailors & Designers Association (CTDA) and its members hold that during participation attendance at any of the events of the Association [Designer’s Forum, at occasional classes, seminars and social gatherings] each and every participant attendee has the right to be part of a harassment free environment. Whether attending as a vendor, merchant or guest, all attendees must act with good conduct and refrain from engaging in any activity that could be defined as harassment, assault, menacing, stalking or any other unwarranted or uninvited activity.

In the event that conduct is witnessed and reported, including but not limited to the Executive Director or a member of the Board of Directors, that an attendee is behaving in any manner such as described above, the person or persons causing this behavior will be asked to vacate the event immediately and the conduct will be reported to the appropriate authorities [Police Department].

Further, hereafter a decision may be forthcoming by the Board of Directors that the person or persons alleged to have engaged in the activity described herein and/or their firm or their business may be advised that pending an investigation, their participation in future CTDA/Designer Forum functions or events will be suspended.

Finally, all exhibitors and attendees will be required to wear a name badge upon entering the show floors. We ask all exhibitors to direct any people entering their exhibit space without a name badge to registration.

On behalf of my company exhibiting at Designer Forum New York, I acknowledge the CTDA’s Code of Total Conduct.

Name : _____ **Signature:** _____

Company Name: _____ **Date:** _____