



## Registration Form—Only One Licensed Funeral Director per Form

Please print clearly and fill out the form COMPLETELY.

First Name	Last Name	Phone
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License Number	Unique Email Address (Required)
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Firm Name
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Address	City	State	Zip
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☐ Please Check here if you have any ADA needs. Please Specify: \_\_\_\_\_

By registering for the Convention, you acknowledge that your contact information will be included on the attendee list made available to all meeting registrants. If

### I would like to register for the following:

IFDA Member	<input type="checkbox"/> Multi-Day \$225 <del>\$175</del>	<input type="checkbox"/> Tuesday OR	<input type="checkbox"/> Wednesday \$200 <del>\$150</del>
Licensed Non-Member	<input type="checkbox"/> Multi-Day \$540 <del>\$490</del>	<input type="checkbox"/> Tuesday OR	<input type="checkbox"/> Wednesday \$315 <del>\$265</del>
Non-Licensed Guest	<input type="checkbox"/> Multi-Day \$200 <del>\$150</del>	<input type="checkbox"/> Tuesday OR	<input type="checkbox"/> Wednesday \$150 <del>\$100</del>
Child	<input type="checkbox"/> Multi-Day \$0	<input type="checkbox"/> Tuesday OR	<input type="checkbox"/> Wednesday \$0
Student	<input type="checkbox"/> Multi-Day \$0	<input type="checkbox"/> Tuesday OR	<input type="checkbox"/> Wednesday \$0
Licensed Intern	<input type="checkbox"/> Multi-Day \$0	<input type="checkbox"/> Tuesday OR	<input type="checkbox"/> Wednesday \$0

Discounted rates apply  
through May 31, 2024.

Better Late Than Never price applies to all registrations received after close of business May 31st. After June 10th, registrations will be on-site only and accepted on a space-available basis.

### Please indicate the meal functions you plan to attend:

<input type="checkbox"/> Early Arrival Meet & Greet (6/24)	<input type="checkbox"/> Wine & Whiskey Tour \$55 (6/24)
<input type="checkbox"/> Member Appreciation Party (6/25)	
<input type="checkbox"/> Golf Outing \$70 (6/24)	

### Is this your first year being licensed for:

<input type="checkbox"/> 40 years	<input type="checkbox"/> 50 years
<input type="checkbox"/> 60 years	

How many unlicensed guests will be attending with you? \_\_\_\_\_

Please list the name(s) of your guest(s):

By submitting this registration form, you agree and accept the Liability and Photography Waiver listed as part of the registration brochure.

PAYMENT			Check Enclosed <input type="checkbox"/>	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> Discover
			Amount Due:	Return To:  IFDA  3 Lawrence Square, Suite 2
Credit Card #	EXP:	CVV:		
Cardholder Signature				