



Registration Form—Only One Licensed Funeral Director per Form

Please print clearly and fill out the form COMPLETELY.

| | | |
|------------|-----------|-------|
| First Name | Last Name | Phone |
|------------|-----------|-------|

| | |
|----------------|---------------------------------|
| License Number | Unique Email Address (Required) |
|----------------|---------------------------------|

| |
|-----------|
| Firm Name |
|-----------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

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 \$175 | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$200 \$150 |
| Licensed Non-Member | <input type="checkbox"/> Multi-Day \$540 \$490 | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$315 \$265 |
| Non-Licensed Guest | <input type="checkbox"/> Multi-Day \$200 \$150 | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$150 \$100 |
| 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:

- Early Arrival Meet & Greet (6/24)
- Member Appreciation Party (6/25)
- Golf Outing \$70 (6/24) Wine & Whiskey Tour \$55 (6/24)

Is this your first year being licensed for:

- 40 years 50 years
- 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: |
| Credit Card # | EXP: | CVV: | | Return To: IFDA 3 Lawrence Square, Suite 2 |
| Cardholder Signature | | | | |