



## 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:**

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.**

<b>PAYMENT</b>			Check Enclosed <input type="checkbox"/>	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover
Credit Card #	EXP:	CVV:	Amount Due:	Return To: IFDA 3 Lawrence Square, Suite 2 Springfield, IL 62704
Cardholder Signature				