



## 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 you have read the registration information and agree to the terms and that your contact information will be included on the attendee list made available to all meeting registrants. If you do not want your contact information included in the conference materials, initial here: \_\_\_\_\_

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

- |                     |  |                                     |  |
|---------------------|--|-------------------------------------|--|
| IFDA Member         | <input type="checkbox"/> Multi-Day \$349 | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$199 |
| Licensed Non-Member | <input type="checkbox"/> Multi-Day \$649 | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$349 |
| Non-Licensed Guest  | <input type="checkbox"/> Multi-Day \$299 | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$199 |
| Child               | <input type="checkbox"/> Multi-Day \$49  | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$49  |
| Student             | <input type="checkbox"/> Multi-Day \$99  | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$59  |
| Licensed Intern     | <input type="checkbox"/> Multi-Day \$99  | <input type="checkbox"/> Tuesday OR | <input type="checkbox"/> Wednesday \$59  |

**Please indicate the functions you plan to attend:**

- Early Arrival Meet & Greet (4/7)
- Member Appreciation Party (4/8)
- Golf Outing \$120 (4/7)

**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				