



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

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 conference 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 \$299	<input type="checkbox"/> Wednesday OR	<input type="checkbox"/> Thursday \$199 \$149
Licensed Non-Member	<input type="checkbox"/> Multi-Day \$649 \$599	<input type="checkbox"/> Wednesday OR	<input type="checkbox"/> Thursday \$349 \$299
Non-Licensed Guest	<input type="checkbox"/> Multi-Day \$299 \$249	<input type="checkbox"/> Wednesday OR	<input type="checkbox"/> Thursday \$199 \$149
Child	<input type="checkbox"/> Multi-Day \$49	<input type="checkbox"/> Wednesday OR	<input type="checkbox"/> Thursday \$49
Student	<input type="checkbox"/> Multi-Day \$99	<input type="checkbox"/> Wednesday OR	<input type="checkbox"/> Thursday \$59
Licensed Intern	<input type="checkbox"/> Multi-Day \$99	<input type="checkbox"/> Wednesday OR	<input type="checkbox"/> Thursday \$59

**Discounted rates apply
through February 13, 2026.**

Better Late Than Never price applies to all registrations received after close of business February 13th. After April 3rd, registrations will be on-site only.

Please indicate the meal functions you plan to attend:

☐ Early Arrival Meet & Greet (4/7)

☐ Member & Vendor Appreciation Party (4/8)

☐ Crematory Operator Refresher Course **\$125** (4/7)

Is this your first year being licensed for:

☐ 40 years ☐ 50 years

☐ 60 years

How many non-licensed 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"/> Discover	
		Amount Due:	Return To: IFDA 3 Lawrence Square, Suite 2 Springfield, IL 62704	
Credit Card #	EXP:			CVV:
Cardholder Signature				