

Exhibitor Personnel Registration Form

ICCFA ANNUAL CONVENTION & EXPOSITION | March 10-13, 2010

Company Information (Due February 1, 2010)

Please provide information about your company below.
Use the back of this form to register individuals.

Exhibiting Company Name _____
 Address _____
 City _____ State/Prov _____ Zip/Postal Code _____
 Other/additional (addresses outside USA) _____
 Phone () _____ Fax () _____
 Email address _____ Web site _____
 Person Completing Form _____ (Please fill out both sides of form.)

Registration Fees

Payment is to accompany the registration form to receive discount for early registration.

Additional Registrations*: _____ @ \$320 each (\$350 after February 1) = \$ _____
 (In addition to the two-per-booth complimentary registrations.)
 Spouse/Guest Registrations*: _____ @ \$195 each = \$ _____
 Total Registration Fees: \$ _____

Ticketed Events:

Prayer Breakfast: _____ tickets @ \$40 each = \$ _____
 Closing Dinner/Dance _____ tickets @ \$95 each = \$ _____
 Total Ticketed Events: \$ _____
 TOTAL ENCLOSED: \$ _____

Payment Information

Check: (Please make payable to ICCFA)
 Credit Card: DISCOVER VISA MASTERCARD AMERICAN EXPRESS
 Credit card number _____
 Name as it appears on credit card _____ Exp. Date _____
 Security ID (3-digit # on back of card or 4-digit # on front of AmEx card) _____
 Card holder's billing address/ZIP _____
 Signature _____

*Registration Includes: Daily admission to the Exhibit Hall and Convention Program Sessions and all Exposition Hall food functions.
(Spouse/Guest registration includes Closing Dinner/Dance.)

Cancellation Policy: Registrants canceling their registrations by February 1, will receive a refund. All cancellations must be in writing and are subject to a \$50 per person processing fee. Ticketed events will be refunded less a \$5 processing fee per event. Cancellations received after February 1, will not result in refunds.

Please Complete Side 2

For Official Use Only

| | | |
|--------------|----------|----------------|
| Date Rec'd | Co. ID # | Booth #s |
| Total due \$ | Check # | Balance due \$ |

Exhibitor Personnel Registration Form (continued)

Attendees

Please use the space below for each individual your company is registering. All exhibitors must be registered for this Convention, including the two-per-booth complimentary registrants. Registrations received by February 1 will have their names included in the Exhibitor's Directory. (Please make additional copies of this form if needed.)

1. Name: _____ Badge name: _____ Complimentary
 Spouse/Guest* _____ Badge name: _____ Fee: _____
 Address (if different from reverse) _____
 Phone (if different from reverse) _____
 Ticketed Events** _____ Prayer Breakfast _____ Closing Dinner
 (Write in number needed. Spouse/Guest registration includes tickets for Dinner.)

2. Name: _____ Badge name: _____ Complimentary
 Spouse/Guest* _____ Badge name: _____ Fee: _____
 Address (if different from reverse) _____
 Phone (if different from reverse) _____
 Ticketed Events** _____ Prayer Breakfast _____ Closing Dinner
 (Write in number needed. Spouse/Guest registration includes tickets for Dinner.)

3. Name: _____ Badge name: _____ Fee: _____
 Spouse/Guest* _____ Badge name: _____ Fee: _____
 Address (if different from reverse) _____
 Phone (if different from reverse) _____
 Ticketed Events** _____ Prayer Breakfast _____ Closing Dinner
 (Write in number needed. Spouse/Guest registration includes tickets for Dinner.)

4. Name: _____ Badge name: _____ Fee: _____
 Spouse/Guest* _____ Badge name: _____ Fee: _____
 Address (if different from reverse) _____
 Phone (if different from reverse) _____
 Ticketed Events** _____ Prayer Breakfast _____ Closing Dinner
 (Write in number needed. Spouse/Guest registration includes tickets for Dinner.)

If you have any special needs due to a disability, please check here and attach a statement of your needs.

* Guests are persons from outside the cemetery, funeral service and related professions accompanying a registrant.

** Total number of tickets noted should match number purchased on reverse side.

Submit Registration

Please mail this form with payment to: International Cemetery, Cremation and Funeral Association
 107 Carpenter Drive, Suite 100, Sterling, VA 20164

Or fax both sides to: 703.391.8416

Questions? Please call 1.800.645.7700