

# Registration Form



**Registration:** If you are registering more than one person (besides spouse), please photocopy this form for each additional registrant.

Name \_\_\_\_\_ Nickname (for badge) \_\_\_\_\_  
 Spouse/Guest Name \_\_\_\_\_ Nickname (for badge) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Please indicate if you are a:  CCFE  CCE  CFuE  CCrE  CSE  CFSP  CCCE  CM  CPC

Is your organization part of a multi-ownership company?  no  yes (identify) \_\_\_\_\_

If you have a disability that requires special accommodations, please check here and attach a statement of your needs.

**Fees:** Payment must accompany the registration form to receive the early registration discount. **Member/Non-member** fees include attendance at all educational sessions and admission to the evening receptions. The **Spouse/Guest** fee includes admission to the evening receptions.

REGISTRATION	Through 9/27/10	After 9/27/10	Total
<input type="checkbox"/> ICCFA Member _____	\$779	\$899	_____
<input type="checkbox"/> Non-member _____	\$899	\$999	_____
<input type="checkbox"/> Spouse/Guest _____ <small>(includes admission to evening receptions)</small>	\$195	\$195	_____

**TICKETS**

	# of Tickets	Price	Total
<input type="checkbox"/> Friday Golf Tournament _____	X	\$75	_____
Handicap: _____			
Preferred golf partners (optional): _____ _____ _____			

**TOTAL PAYMENT:** (including registration fees and additional tickets) \_\_\_\_\_

**PAYMENT**

Check (Please make payable to ICCFA)  
 Credit card (circle one) MasterCard Visa Discover American Express

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Security ID number (3-digit # on back of card or 4-digit # on front of AmEx) \_\_\_\_\_  
 Card's billing address \_\_\_\_\_  
 (required) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Hotel Reservations**  
 The ICCFA has negotiated a low room rate of just \$235 per night at the J.W. Marriott Camelback Inn Resort & Spa. For reservations, visit [www.iccfa.com](http://www.iccfa.com) or call 1.800.582.2169 and request to be included in the ICCFA room block.

**Cancellation Policy**  
 Cancellation requests must be submitted in writing. Registration cancellations received by 9/27/10 will receive a full refund minus a \$50 processing fee. Ticket cancellations received by to 9/27/10 will receive a full refund minus a \$5 per ticket fee. No refunds will be issued for cancellations received after 9/27/10.

**Registration List**  
 Individuals whose registrations are received by 9/27/10 will be included in the Registration List.

**CE Credits**  
 Funeral director continuing education credits for the Fall Management Conference will be available for certain states. Please contact ICCFA to ask if your state has awarded credits.

**CCFE, CCE, CFuE, CCrE and CSE Certification**  
 Members interested in earning certification designations from the ICCFA can earn up to 15 certification points at the Fall Management Conference.

*Please return form and payment to:*  
**ICCFA Meetings Department**  
 107 Carpenter Drive, Suite 100  
 Sterling, VA 20164  
 Phone: 1.800.645.7700 | 703.391.8400  
 Fax 703.391.8416 | [www.iccfa.com](http://www.iccfa.com)

**ICCFA** DATE: \_\_\_\_\_ **CO ID#:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_  
**USE** IND ID#: \_\_\_\_\_ **PAYMENT:** \_\_\_\_\_