

# ICCFA FALL MANAGEMENT CONFERENCE

## 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) \_\_\_\_\_

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, admission to the evening receptions and a ticket for the Arlington National Cemetery tour. The **Spouse/Guest fee** includes admission to the evening receptions and the tour. **NOTE THAT ALL REGISTERED ATTENDEES MUST SIGN UP BELOW TO GO ON THE TOUR.**

REGISTRATION	Through 9/10/09	After 9/10/09	Total
<input type="checkbox"/> ICCFA Member	\$749	\$799	_____
Arlington Cemetery Tour	_____	complimentary ticket	
<input type="checkbox"/> Non-member	\$899	\$899	_____
Arlington Cemetery Tour	_____	complimentary ticket	
<input type="checkbox"/> Spouse/Guest	\$195	\$195	_____
<i>(includes admission to evening receptions and Arlington Cemetery tour)</i>			
Arlington Cemetery Tour	_____	complimentary ticket	

### ARLINGTON CEMETERY TOUR TICKETS ONLY

**NOTE:** A ticket for the Arlington Cemetery tour is included in each of the above registrations. Additional tickets may be purchased below for non-registered guests.

	# of Tickets	Price	Total
<input type="checkbox"/> Arlington Cemetery Tour	_____	X \$79	_____

**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/ZIP \_\_\_\_\_  
(required)

**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

**Cancellation Policy** Cancellation requests must be submitted in writing. For registration cancellations received prior to 9/10/09, a full refund minus a \$50 processing fee will be issued; for ticket cancellations received prior to 9/10/09, a full refund minus a \$5 per ticket fee will be issued. No refunds will be issued for cancellations received after 9/10/09.

**Registration List** Individuals whose registrations are received prior to 9/10/09 will have their names 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 the ICCFA to determine whether 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.

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