

CONVENTION registration form



Registration: To register more than one person (other than spouse/guest), please photocopy this form. Please type or print. Guests are non-industry persons accompanying a registrant. Registrations received prior to February 2, 2004, will be included in the Conference Registration List.

Name _____ Nickname _____
 Spouse/Guest Name _____ Nickname _____
 Company _____
 Address _____
 City _____ St/Prov _____ Zip _____ - _____
 Telephone _____ Fax _____
 Email Address _____

Please check one: Cemeterian Funeral Director Combo Other-please specify: _____

Is this your first ICFA Convention? Yes No Are you a graduate of ICFA University? Yes No

Please indicate certification (if applicable): CCE CFuE CCFE CFSP CCCE CM

Is your company part of a multi-ownership company? No Yes: (identify) _____

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

Registration*

	Before 2/2/04	After 2/2/04
Full: Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425
Full: Non-member	<input type="checkbox"/> \$520	<input type="checkbox"/> \$520
Spouse/Guest	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240
Supplier/Prof.	<input type="checkbox"/> \$475	<input type="checkbox"/> \$500
Non-mem Sup/Prof	<input type="checkbox"/> \$610	<input type="checkbox"/> \$610
One-Day**	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130

(Circle One: Thu. Fri. Sat.)

** Individuals attending for two or more days must purchase full registration.

* Registration includes: Daily admission to the Exhibit Hall and Convention Program Sessions, all Exposition Hall functions, including Grand Opening Reception, Exhibitor's Reception, Annual Dinner Dance on Friday and Hall of Fame Reception on Saturday. Spouse/guest registration also includes Annual Dinner Dance, Hall of Fame Reception and the Spouse Program.

Ticketed events

(Purchase only if not included in paid registrations as noted below)

Thu., March 11	Prayer Breakfast	___ tickets @ \$25 ea. \$ _____
Fri., March 12	~Spouse/Guest Program	___ tickets @ \$78 ea. \$ _____
Fri., March 12	^Annual Dinner Dance	___ tickets @ \$75 ea. \$ _____
Sat., March 13	^Hall of Fame Reception	___ tickets @ \$50 ea. \$ _____

~ Ticket included in spouse/guest registration. Additional tickets available for non-registered spouses/guests.

^ Ticket included in all full, spouse/guest and corresponding 1-day registrations

Cancellation Policy: Registrants canceling their registrations by February 2, 2004, will receive refunds. All cancellations must be in writing and will be subject to a \$50 per person processing fee. Ticketed events will be refunded less a \$5 per event processing fee. **Registrations canceled after February 2, 2004, will not be refunded.**

Registrations \$ _____ + Tickets \$ _____ = TOTAL DUE \$ _____

Payment:

Check (Please make payable to ICFA)

Credit Card: (circle one) Visa MasterCard Discover AmEx

Credit card number _____ Exp. Date _____

Print name as it appears on credit card _____

Signature _____

For ICFA use only	
DATE	_____
IND ID#	_____
CO ID#	_____
PAYMENT	_____
TOTAL	_____

Please return this form along with your credit card information or check to:

International Cemetery and Funeral Association

Convention and Meetings Department

1895 Preston White Drive • Suite 220 • Reston, VA 20191

Telephone 703-391-8400 • 1-800-645-7700 • Fax: 703-391-8416

www.icfa.org

