

Convention Registration Form



ICCFA 2009 Convention & Exposition

April 20-23, 2009 • Mandalay Bay Resort & Casino • Las Vegas, NV

Please type or print clearly. To register more than one person (other than spouse/guest), please photocopy this form.

Name _____ Nickname (for badge) _____

Spouse/Guest _____ Nickname (for badge) _____

Spouse/Guest registration is available only for those individuals who are not working in the cemetery, cremation and funeral service profession.

Company _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone (____) _____ Fax (____) _____

Email address _____ Web address _____

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

Indicate if you are a: CCE CCrE CFuE CCFE CSE CFSP CCCE Are you a graduate of ICCFAU? Yes No

Is this your first time at our Convention? Yes No What is your position at your company? Owner Manager Staff

What level of authority do you hold when making purchases for your company? Final authority Make recommendations None

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

Registration (see cancellation policies on page 22)

	Before 3/13/09	After 3/13/09
Member	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460
Non-member	<input type="checkbox"/> \$570*	<input type="checkbox"/> \$595*
Spouse/Guest	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195
Member Supplier/Professional	<input type="checkbox"/> \$510	<input type="checkbox"/> \$560
Non-member Supplier/Prof	<input type="checkbox"/> \$675	<input type="checkbox"/> \$695

Cremation Arranger Certification (see pg. 6)

(There is no additional cost to attend the Arranger Certification program, but you must register by checking the box above.)

***Not an ICCFA member? Pay the non-member rate and receive one free year of membership!**

Ticketed Events

- April 22 Prayer Breakfast _____ tix x \$40 = \$ _____
- April 22 **ICCFA Awards Reception _____ tix x \$50 = \$ _____
- April 23 Women's Forum Luncheon _____ tix x \$50 = \$ _____
- April 23 Assn Roundtable Lunch _____ tix x \$45 = \$ _____
- April 23 **Closing Dinner _____ tix x \$90 = \$ _____

TICKET SUBTOTAL \$ _____

***Tickets for the ICCFA Awards Reception and the Closing Dinner are included with all registrations. Additional tickets are available for non-registered individuals.*

Registration fees \$ _____ + Ticketed Events \$ _____ = TOTAL DUE \$ _____

Payment:

Check (Please make payable to ICCFA)

Credit card (circle one) MasterCard Visa Discover American Express

Card Number _____ Exp. date _____

Name as it appears on card _____

Security ID (3-digit # on back of card or 4-digit # on front of AmEx card) _____

Billing address for card _____
(required to process)



Return form with payment to:
ICCFA Conventions and Meetings Department
107 Carpenter Drive, Suite 100, Sterling, VA 20164
Fax: 703.391.8416
Questions? Call 1.800.645.7700 or visit www.iccfa.com

For ICCFA use only	DATE:	_____
	IND ID#:	_____
	CO ID#:	_____
	PAYMENT:	_____
	TOTAL:	_____