



January 9-11, 2008 Hilton Riverside New Orleans, Louisiana REGISTRATION FORM

Please type or print. If you are registering more than one person, please photocopy this form for additional registrants.

Name _____ Nickname (for badge) _____

Title _____

Company _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone (____) _____ Fax (____) _____

E-mail address _____ Web address _____

Designations (circle all that apply): CCE CCEr CFuE CCFE CFSP CCCE Is this your first ICCFA Sales Conference? Yes No

Are you attending as part of a sales contest or incentive program, or because you are a "top producer" at your location? Yes No

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

Background information for pre-registration directory, to facilitate on-site networking:

Number of years in preneed sales _____ Number of sales/marketing personnel at your property _____

Is your company: funeral home cemetery combination other – please specify: _____

Principal products/services sold preneed _____

Ethnic or other niche market(s) served _____

Payment must accompany registration form in order to receive early registration discounts.

REGISTRATION	Before 12/5	After 12/5
\$ _____ ICCFA Member:	\$450	\$505
\$ _____ Non-ICCFA Member:	\$565	\$565

Or send multiple staff and save even more!

\$ _____ 2-4 attendees: \$415 each

\$ _____ 5 or more attendees: \$395 each

SATURDAY MORNING LAKE LAWN METAIRIE TOUR

\$ comp _____ Number of tickets (must reserve for bus seat)

EXTRA RECEPTION TICKETS FOR SPOUSES/GUESTS

The following event is included in your full registration fee.

Extra tickets may be purchased for spouses/guests.

\$ _____ Wednesday evening

Welcome Reception (_____ extra tickets @ \$40 each)

\$ _____ TOTAL DUE

CHECK (Please make payable to ICCFA) CHARGE (circle one) Discover Visa MasterCard AmEx

Credit card # _____ Exp. Date _____

Print name as it appears on credit card _____

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

Signature _____

Billing address (if different from above) _____

YOUR REGISTRATION FEE INCLUDES:

Two-day seminar, ICCFA binder filled with handouts and "how to" instructions, registration directory (to facilitate networking), Thursday lunch, coffee breaks, Wednesday Welcome Reception and optional Saturday tour of Lake Lawn Metairie Cemetery and Funeral Home.

CANCELLATION POLICY

Registrants canceling their registrations by 12/05/07, will receive refunds. All cancellations must be in writing and will be subject to a \$50 per person processing fee. Registrations canceled after 12/05/07, will not be refunded. Ticket refunds will be offered if cancellation request is received in writing at ICCFA headquarters by 12/05/07, less a \$5 processing fee per event. No refunds will be offered after this date.

REGISTRATION LIST

Registrations received by 12/05/07, will be included on the Conference Registration List.

PLEASE RETURN THIS FORM WITH PAYMENT TO:

ICFCA Use Only
Date Rec'd _____
Ind ID# _____
Co ID# _____ Check# _____
Total\$ _____



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