



FREE TELECONFERENCE
REGISTRATION FORM
One Phone Line per Firm

4 Easy Ways to REGISTER

1. **ONLINE** at
www.nfda.org/teleconferences.php
2. **FAX** completed form to 262-789-6977
3. **CALL** your personal Member Services Representative,
 800-228-6332
4. **MAIL** completed form to NFDA,
 13625 Bishop's Drive, Brookfield, WI 53005

**Prevent Debts from
Going to Collection**

**Tuesday, September 9, 2008
1-1:30 p.m. CST**

**Presenter: Carol Bloom,
Fair Collections & Outsourcing, Inc.**

**FREE TELECONFERENCE
No CE**

Instructions will be sent to you via email.

1. How did you hear about the event?

- | | | | |
|---|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Event brochure | <input type="checkbox"/> Email | <input type="checkbox"/> Postcard | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> NFDA Bulletin e-newsletter | <input type="checkbox"/> Phone call | <input type="checkbox"/> Letter | |
| <input type="checkbox"/> The Director magazine | <input type="checkbox"/> Fax | <input type="checkbox"/> Referral | |
| <input type="checkbox"/> NFDA Website | <input type="checkbox"/> NFDA Catalog | <input type="checkbox"/> Uncertain | |

2. What is your primary responsibility? (Please check only one.)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Manage funeral home | <input type="checkbox"/> Community/public relations | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Embalming/restorative art | <input type="checkbox"/> Make preneed arrangements | |
| <input type="checkbox"/> Make at need arrangements/conduct funerals | <input type="checkbox"/> Aftercare | |

3. Check your topics of professional interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Business operations | <input type="checkbox"/> Ethnic/multicultural services | <input type="checkbox"/> Public relations and marketing |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Grief and bereavement | <input type="checkbox"/> Technical skills |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Personalization/personal funerals | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cremation | <input type="checkbox"/> Preneed/advance planning | |

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Please type or print.

Your Name			
Firm Name			
Address			
City		State	Zip
Phone	Fax	Email	

ADDITIONAL participants from your firm:

1.	
2.	
3.	
4.	