



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

Instructions will be sent to you via email.

1. How did you hear about this event?

- | | | |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Event Brochure | <input type="checkbox"/> Email | <input type="checkbox"/> Postcard |
| <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"/> Embalming/restorative art | <input type="checkbox"/> Preneed arrangements |
| <input type="checkbox"/> Aftercare | <input type="checkbox"/> At-need arrangements/conducting funerals |

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 | |

What to Do When Families Say, "No Religion Please"

Presenter: JoAnn Baldwin

Thursday, July 17, 2008
1-2 p.m. CST (1 CE Hour)

REGISTRATION FEES	
NFDA MEMBER, 1st Registrant	\$ 85
Additional registrant requiring CE	\$ 70
NONMEMBER, 1st Registrant	\$140
Additional registrant requiring CE	\$ 90
<p>Registration Deadline: July 16, 2008 Approved for 1 CE hour by APFSP and most state licensing boards.</p>	

Other _____

Firm Name	<i>Please type or print.</i>				
Address					
City				State	Zip
Phone	Fax	EMAIL REQUIRED			
FIRST REGISTRANT NAME	License Type		State	License #	Academy #
	<input type="checkbox"/> FD <input type="checkbox"/> Embalmer <input type="checkbox"/> FD/Embalmer				
	<input type="checkbox"/> FD <input type="checkbox"/> Embalmer <input type="checkbox"/> FD/Embalmer				
ADDITIONAL registrants who want CE must be preregistered (this form may be copied for additional registrants)					
1.	<input type="checkbox"/> FD <input type="checkbox"/> Embalmer <input type="checkbox"/> FD/Embalmer				
	<input type="checkbox"/> FD <input type="checkbox"/> Embalmer <input type="checkbox"/> FD/Embalmer				
2.	<input type="checkbox"/> FD <input type="checkbox"/> Embalmer <input type="checkbox"/> FD/Embalmer				
	<input type="checkbox"/> FD <input type="checkbox"/> Embalmer <input type="checkbox"/> FD/Embalmer				

PAYMENT

\$ _____ **First Registrant** (\$85 Member; \$140 Nonmember). Entitles your firm to one phone connection.
 \$ _____ **Total for Additional Registrants requiring CE** (\$70 each/Member; \$90 each/Nonmember)
 \$ _____ **TOTAL FEES SUBMITTED (U.S. dollars on U.S. bank)**

CHECKS: make checks payable to NFDA

CHARGE American Express Discover MasterCard VISA

Credit Card Account # _____ **Expiration Date** _____

Name on Card _____ **Signature** _____

Cancellation Policy: Full refund given if cancellation is received on or before July 16, 2008. Fee of \$50 applies to cancellations received after July 16, 2008. All cancellations must be in writing, and may be faxed to Shari Foucault at fax 262-789-6977.

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