



WEB SEMINAR Registration Form

**Your Questions about
Green Funerals Answered**

Presenter: Joe Sehee

**Thursday, August 28, 2008
1-3 p.m. CST (2 CE Hours)**

4 Easy Ways to REGISTER

1. **ONLINE** at www.nfda.org/webseminars.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 <i>Bulletin</i> e-newsletter | <input type="checkbox"/> Phone call | <input type="checkbox"/> Letter |
| <input type="checkbox"/> <i>The Director</i> 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 | |

| REGISTRATION FEES | |
|---|--------------|
| NFDA MEMBER, 1st Registrant | \$155 |
| Additional registrant requiring CE | \$ 70 |
| NONMEMBER, 1st Registrant | \$199 |
| Additional registrant requiring CE | \$ 90 |
| Registration Deadline: August 27, 2008 | |
| Approved for 2 CE hours by APFSP and most state licensing boards | |

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 credit (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** (\$155 Member; \$199 Nonmember). Entitles firm to ONE phone line + ONE Internet 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 August 27, 2008. Fee of \$50 applies to cancellations received after August 27, 2008. All cancellations must be in writing, and may be faxed to Shari Foucault at FAX 262-789-6977.

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