



WEB SEMINAR Registration Form

MAIL completed form with check or credit card information to
 NFDA, 13625 Bishop's Drive, Brookfield, WI 53005
 OR FAX with credit card info to 262-789-6977
 OR CALL 800-228-6332

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 |
| | <input type="checkbox"/> Other _____ |

3. Check your topics of professional interest:

- | | | |
|----------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Business Operations | <input type="checkbox"/> Ethnic/Multicultural Services | <input type="checkbox"/> Public Relations & 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 | |

**Tips for Marketing
a Pet Funeral Business**

Presenter: Coleen Ellis

June 19, 2008 - 1-3 p.m. CST

REGISTRATION FEES	
NFDA MEMBER, 1st Registrant	\$155
Additional registrant requiring CE	\$ 70
NONMEMBER, 1st Registrant	\$199
Additional registrant requiring CE	\$ 90
<p><u>Registration Deadline: June 18, 2008.</u> Approved for 2 CE hours by APFSP and most state licensing boards.</p>	

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 Master Card VISA

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

Name on Card _____ **Signature** _____

Cancellation Policy: Full refund given if cancellation is received on or before June 18, 2008. Fee of \$50 applies to cancellations received after June 18, 2008. All cancellations must be in writing, and may be faxed to Shari Foucault at FAX 262-789-6977.