

2010 Convention Registration Form



Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Phone: _____

E-mail address: _____ Spouse/Guest: _____

*Your contact information will be shared with other attendees. If you do NOT want your contact info shared, please check here _____

REGISTRATION FEE (Includes two lunches, reception, dinner function, and registration materials for ONE PERSON.) \$ 275.00

Note: Registration forms **SUBMITTED TOGETHER** from the same regulatory board or school will **qualify** for a **discount**. The first registration is **\$275**, all additional registrations will be **\$250**.

Payment and Registration Form must be received by **JANUARY 22, 2010**. Please send
By Mail: The Conference, 1885 Shelby Lane, Fayetteville, AR 72704
By Fax: 479.442.7090

Please check **one** of the following meetings, that you will attend:

___ **Association of Executives of Funeral Service Boards Meeting**

Thursday, February 25, 2010, 7:30 a.m. – 12:15 p.m.

OR

___ **Legal Basics For Regulatory Board Members**

Thursday, February 25, 2010, 11:00 a.m. – 12:15 p.m.

If you are bringing a guest(s), please indicate the functions they will be attending and the total price.

<u>FUNCTION:</u>		<u>No. of Guests:</u>	<u>Total Price</u>
2/25—Opening Session & Luncheon	\$30.00 a person	_____	\$ _____
2/25—Welcome Reception	\$20.00 a person	_____	\$ _____
2/26—Awards Luncheon	\$30.00 a person	_____	\$ _____
2/26—Dinner Function	\$40.00 a person	_____	\$ _____

Total Amount Due: \$ _____

(Total amount includes registration fee & guest fees)

PAYMENT: Check (Make payable to "The Conference") Visa MasterCard AMEX Discover

Card number: _____ - _____ - _____ - _____ Exp. date: __ / __ (mm/yy)

CSC _____ 3 digit code (If AmEX—4 digit code)

Signature: _____ Date: _____

Please remember you are responsible for making your own hotel reservations

Contact the **Doubletree Anaheim/Orange County Hotel**, no later than **January 23, 2010** at **714-634-4500**

Mention that you are with The International Conference of Funeral Service Examining Boards, Inc.

to ensure the rate of \$129 guestroom (plus tax & fees)

PLEASE NOTE: All registrations received **after JANUARY 22, 2010** (including on-site) will be charged the on-site fee of **\$300.00** per individual

Are you a licensed Funeral Service Practitioner subject to Continuing Education Requirements? Yes No

Please list state(s) you are licensed in: _____