



2012 Registration Form

Name _____ Title _____

Organization/Affiliation _____

Address _____

City _____ State/Province _____ Zip _____ Phone _____

Email Address _____ Spouse/Guest _____

The above contact information will be shared with other attendees. If you do NOT want your contact information shared, please contact The Conference staff.

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.

Please list the state(s) you are licensed in if you are seeking continuing education credits: _____

Would you like to receive text alerts pertaining to the Annual Meeting? Yes No _____
 Cell Phone (This information will not be shared) _____

Please check ONE of the following meetings, that you will attend on Wednesday, February 29, 2012:

- Association of Executives of Funeral Service Boards Meeting** 7:30 a.m. – 12:15 p.m. (Executive level regulatory Staff) OR **Funeral Service Education Forum** 11:00 a.m. – 12:15 p.m. (Mortuary Science educators) OR **Presentation for Regulatory Board Members** 11:00 a.m. – 12:15 p.m. (State & Provincial Board Members)

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>
2/29 — Opening Session & Luncheon	\$30.00 / person	_____	\$ _____
2/29 — Welcome Reception	\$20.00 / person	_____	\$ _____
3/1 — Awards Luncheon	\$30.00 / person	_____	\$ _____
3/1 — Clinton Library Dinner Function (Includes dinner & self-guided library tour)	\$40.00 / person	_____	\$ _____

Total Amount Due: \$ _____
 (Includes registration fee & guest fees)

All registrations received **after JANUARY 25, 2012** (including on-site) will be charged the on-site fee of **\$300.00** per individual.

By Mail: The Conference, 1885 Shelby Lane, Fayetteville, AR 72704
By Email: services@theconferenceonline.org **By Fax:** 479.442.7090

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

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

Signature: _____ Date: _____

Please note that you are responsible for making your own hotel reservations
 Contact the **Peabody Little Rock** no later than **February 13, 2012** at **501-906-4000** and mention that you are with **ICFSEB** to ensure the guestroom rate of \$129 (plus tax & fees).