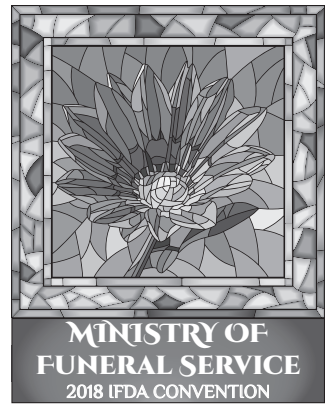


# 2018 IFDA Convention Registration Form

May 15 - 17, 2018 / Prairie Meadows Hotel & Event Center / Altoona, IA

To register more than one person (other than spouse), please photocopy this form.

Please type/write clearly.



\_\_\_\_\_  
Funeral Director License #                  Insurance License # (if applicable)                  Out of State License # (if applicable)

\_\_\_\_\_  
Name    Preferred Name (to be used on Convention badge)

\_\_\_\_\_  
Attending Spouse's Name                          Preferred Name (to be used on Convention badge)

\_\_\_\_\_  
Funeral Home                                  Address                                  City                                  State                                  Zip

\_\_\_\_\_  
Phone                                  Fax                                  Email

I will be attending (please indicate):      Tuesday                   Wednesday                   Thursday

**Registration Fees:**

Member Full Conference	\$110	\$ _____	
Member One Day Pass	\$100	\$ _____	Day (must indicate) _____
Non-Member Full Conference***	\$185	\$ _____	
Spouse**	\$50	\$ _____	
Student**	N/C	\$ _____	

\*\*Spouses and students must purchase a ticket to the Presidential Banquet and Awards Ceremony.

\*\*\*Non-Member Registration: An additional fee of \$25 will be charged per con-ed hour received.

**Ticketed Events:**

- Full Conference and Presidential Banquet & Award Ceremony
- Tuesday Luncheon                                  N/C                                  \_\_\_\_\_ tickets
- Wednesday Luncheon                                  N/C                                  \_\_\_\_\_ tickets

**Credit Card Payment**

If you wish you pay IFDA via credit card, please complete the following information:

\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ American Express  
Credit Card Type

\_\_\_\_\_  
Registrant                                  Amount                                  \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

Once your credit card has been charged, this information will be destroyed.  
IFDA does NOT keep credit card information on file.

\_\_\_\_\_  
Card #                                  \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date                          Security Code

**Iowa Funeral Directors Association**  
1454 30th Street, Suite 204 / West Des Moines, IA 50266  
Call: 800.982.6561 or 515.270.0130 / Fax: 515.270.1569

\_\_\_\_\_  
Authorization Signature