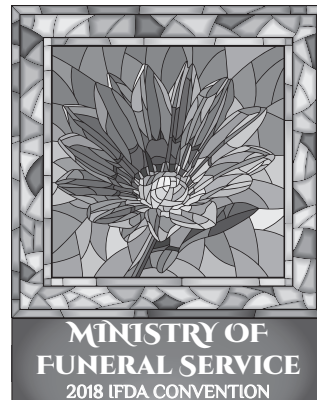


2018 IFDA Convention Registration Form

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 _____

If dietary restrictions are needed for Presidential Banquet, please list here: _____

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

Registration Fees:

On/Before 5/7/2018

Member Full Conference	\$85	\$ _____
Member One Day Pass	\$75	\$ _____
Non-Member Full Conference***	\$160	\$ _____
Spouse**	\$30	\$ _____
Student**	N/C	\$ _____

Day (must indicate) _____

**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:

FIRST COME, FIRST SERVE UNTIL SOLD OUT. Tables can only be reserved for parties of ten. List dietary restrictions above for banquet.

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Full Conference and Presidential Banquet & Award Ceremony | <input type="checkbox"/> | N/C for Banquet Ticket (check here if you plan to attend) |
| <input type="checkbox"/> | Presidential Banquet & Awards Ceremony (spouse + others) | \$30 | _____ tickets x's fee = \$ _____ |
| <input type="checkbox"/> | Ladies Luncheon & Outing | \$40 | _____ tickets x's fee = \$ _____ |
| <input type="checkbox"/> | Tuesday Luncheon | N/C | _____ tickets |
| <input type="checkbox"/> | 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