

2019 IFDA Convention Registration Form

May 14 - 16, 2019 / 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 5/6/2019 (Early Bird Registration)

Member Full Conference	\$85	\$ _____	
Member One Day Pass	\$75	\$ _____	Day (must indicate) _____
Non-Member Full Conference***	\$160	\$ _____	
Spouse**	\$30	\$ _____	
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:

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

- Full Conference and Presidential Banquet & Award Ceremony N/C for Banquet Ticket (check here if you plan to attend)
- Presidential Banquet & Awards Ceremony (spouse + others) \$30 _____ tickets x fee = \$ _____
- Ladies Luncheon & Outing \$40 _____ tickets x fee = \$ _____
- 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:

_____ \$ _____
Registrant Amount

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

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

____ Visa ____ MasterCard ____ American Express
Credit Card Type

Cardholder Name

Card #

____ / ____ _____
Expiration Date Security Code

Authorization Signature