

# 2019 OSHA AUDIO CONFERENCE REGISTRATION FORM

## Select Audio Conference Date

Please use a separate registration form for **EACH** date attendees from your firm plan to participate.

**September 24, 2019**  
2:00 PM

**September 26, 2019**  
10:00 AM

**October 22, 2019**  
2:00 PM

## Funeral Home Information

Firm Name: \_\_\_\_\_ Phone (# used to access the call): \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm City/State/Zip: \_\_\_\_\_

## Firm Leader/Attendee (will receive dial-in instructions)

Name: \_\_\_\_\_ Con-Ed Card:  YES  NO

Email: \_\_\_\_\_

## Attendees (add additional sheets with names as necessary)

Name: \_\_\_\_\_ Con-Ed Card:  YES  NO

Name: \_\_\_\_\_ Con-Ed Card:  YES  NO

Name: \_\_\_\_\_ Con-Ed Card:  YES  NO

Name: \_\_\_\_\_ Con-Ed Card:  YES  NO

Name: \_\_\_\_\_ Con-Ed Card:  YES  NO

**2019 OSHA  
Audio Conference  
Registration Deadlines**

**September 24, 2019**  
2:00 PM  
Early Bird by 9/17  
Final by 9/20

**September 26, 2019**  
10:00 AM  
Early Bird by 9/19  
Final by 9/23

**October 22, 2019**  
2:00 PM  
Early Bird by 10/15  
Final by 10/18

## Registration Rates

Please calculate your registration rate by adding the sum of required phone lines and con-ed cards (each multiplied by the appropriate rate) to determine the total payment due to IFDA.

	IFDA Member Early Bird Rate	IFDA Member Final Rate	Potential Member Early Bird Rate	Potential Member Final Rate
<b>Phone Lines</b>	___ # phone lines x \$60 = \$_____	___ # phone lines x \$100 = \$_____	___ # phone lines x \$100 = \$_____	___ # phone lines x \$200 = \$_____
<b>Con-Ed Cards</b>	___ # con-ed cards x \$15 = \$_____	___ # con-ed cards x \$15 = \$_____	___ # con-ed cards x \$25 = \$_____	___ # con-ed cards x \$25 = \$_____
<b>Sum of Phone Lines &amp; Con-Ed Cards Totals</b>	\$	\$	\$	\$

## Credit Card Payment Information

**Total Amount: \$** \_\_\_\_\_

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

Credit Card Number \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

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

Once your credit card has been charged, this information will be destroyed.  
IFDA does NOT keep credit card information on file. If you have questions, contact  
IFDA at 800.982.6561. Mail form or fax to 515.270.1569.

IFDA also accepts checks payable to  
IFDA / 1454 30th Street, Suite 204 / West Des Moines, IA 50266