

Registration
Continuing Education Seminar
Embalming Seminar
Sheraton Columbia Town Center Hotel
Columbia, MD 21044

Tuesday, September 12, 2017

(Complete one registration form per participant)
PLEASE TYPE OR PRINT

NAME _____

FIRST NAME / NICKNAME FOR BADGE _____

FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____

EMAIL (for confirmation) _____@_____

FUNERAL SERVICE LICENSE NUMBER & STATE _____

FUNERAL SERVICE LICENSE NUMBER & STATE _____

ACADEMY OF PROFESSIONAL FUNERAL SERVICE NUMBER _____

Registration Fees

Registration fee includes the Continuing Education program and materials, continental breakfast, two breaks, and lunch.

Early Bird Registration
Deadline is August 18, 2017

**MSFDA Members, Registered Employees of
Member Firms & MSFSA Members**

- First Registrant \$250
- Additional Registrant(s) \$220
of Same Firm

**Out of State – Members of Neighboring
State Associations (Provide copy of State
Member Card with registration)**

- First Registrant \$285
- Additional Registrant(s) \$255
of Same Firm

Non-Members

- First Registrant \$360
- Additional Registrant(s) \$330
of Same Firm

Registrations
After August 18, 2017

**MSFDA Members, Registered Employees of
Member Firms & MSFSA Members**

- First Registrant \$275
- Additional Registrant(s) \$245
of Same Firm

**Out of State – Members of Neighboring
State Associations (Provide copy of State
Member Card with registration)**

- First Registrant \$310
- Additional Registrant(s) \$280
of Same Firm

Non-Members

- First Registrant \$385
- Additional Registrant(s) \$355
of Same Firm

Print or copy form and complete information for additional registrants from the same firm.
Please see next page for cancellation policy and payment instructions.

Cancellation Policy

Cancellations received on or before September 5, 2017 will incur a \$50 administrative fee. Refunds will not be granted for cancellations received after September 5, 2017.

Payment

(1) Check for \$_____ is enclosed and made payable to: **Maryland State Funeral Directors Association**

(2) I authorize payment by credit card in the amount of \$_____. (Please complete the following information.)

Check one: ___ American Express ___ MasterCard ___ Visa ___ Discover

Name on Card: _____

Card #: _____ Exp. Date: _____ CVV Code: _____

Billing Zip Code Associated with Card _____

Signature _____

Mail registration to:	Maryland State Funeral Directors Association, Inc.	Contact #:	410-553-9106
	311 Crain Hwy., S.E.		888-459-9693
	Glen Burnie, MD 21061		
Fax registration to:	410-553-9107		

Sheraton Columbia Town Center Hotel
(Across from the Columbia Town Center Mall)
10207 Wincopin Circle
Columbia, MD 21044
Phone: (410) 730-3900
www.sheratoncolumbia.com