

Registration Form

MSFDA's Mid-Winter Retreat & Continuing Education Program

Dunes Manor Hotel - Ocean City, Maryland

February 8-10, 2019

PLEASE PRINT (Use separate page per registrant)

NAME _____

FIRST NAME/NICKNAME FOR BADGE _____

FIRM _____

CELL # (must provide - for emergency use only) _____

EMAIL (for registration confirmation) _____ @ _____

FUNERAL SERVICE LICENSE NUMBER & STATE _____

FUNERAL SERVICE LICENSE NUMBER & STATE _____

FUNERAL SERVICE LICENSE NUMBER & STATE _____

ACADEMY OF PROFESSIONAL FUNERAL SERVICE NUMBER _____

NAME OF SPOUSE/SIGNIFICANT OTHER ATTENDING _____

- Yes, I/we will attend the Friday evening dinner.
Please indicate #: ___ **Filet Mignon** (___ Medium ___ Well) ___ **MD Crab Cakes (2)** ___ **Veggie Prima Vera**
- No, I/we will not attend the Friday evening dinner.

Registration Fees, Deadline & Cancellation Policy

Registration includes the Continuing Education programs and materials, Friday's Welcome Cocktail Reception and Dinner, Saturday's Breakfast & Break, and Sunday's Breakfast. **All registrations and payments must be received on or before January 24, 2019. No refunds if cancelled after January 24, 2019. Please note that there will be no on-site registration.**

Maryland Licensee & Spouse/Significant Other *	\$320.00
MSFSA Supplier & Spouse/Significant Other *	\$320.00
Out of State Licensee & Spouse/Significant Other *	\$320.00
Maryland Licensee – Individual	\$210.00
MSFSA Supplier – Individual	\$210.00
Out of State Licensee – Individual	\$210.00
Student Registration & Spouse/Significant Other	\$190.00
Student Registration – Individual	\$155.00

** Students must provide copy of student ID along with registration **

*** For Spouse/Significant Other who is a licensed funeral director and wishes to receive Continuing Education Credit for this program, an additional \$75 is required. Please provide his/her name and funeral director license #(s).**

Payment

- (1) Check for \$ _____ is enclosed and made payable to: **MSFDA**
- (2) I authorize payment by credit card in the amount of \$ _____.. (Please complete the following information.)

___ Credit Card: ___ American Express ___ MasterCard ___ Visa ___ Discover

Cardholder's Name _____

Card Number _____ Exp. Date ___ / ___ CVV # _____

Billing Zip Code _____ Signature _____

Forward payment to: Maryland State Funeral Directors Association, Inc. • 311 Crain Hwy. SE • Glen Burnie, Maryland 21061
 Or fax to: 410-553-9107

Questions? Contact the Association Office at 410-553-9106 or 888-459-9693