

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

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

**\* For Spouse/Significant Other or Guest 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*