

REGISTRATION FORM – MSFDA 100th ANNUAL CONVENTION

June 23-27, 2019

Please Type or Print Clearly – Use One Form Per Registrant

Registrant's Name _____

First Name/Nickname for Badge _____

Provide cell # for emergency contact only: _____

Firm Represented _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email: _____

Provide email address above to receive registration confirmation

Funeral Service License #/State _____

Funeral Service License #/State _____

Academy of Professional Funeral Service Practice (APFSP) Identification # _____

Spouse/Significant Other/Guest Name _____

First Name/Nickname for Badge _____

Children & Ages – all must be listed *

1. Name: _____ Age _____

2. Name: _____ Age _____

3. Name: _____ Age _____

4. Name: _____ Age _____

5. Name: _____ Age _____

6. Name: _____ Age _____

*Attach separate page to list additional names/ages

REGISTRATION FEES

Early Bird Registration Fees

Reservations and payments must be received
on or before June 3, 2019 - No Exceptions

Category	Fee	Cost
MSFDA Member & Spouse/Guest *	\$345	\$ _____
MSFDA Member - Individual	\$225	\$ _____
MSFSA Supplier & Spouse/Guest *	\$345	\$ _____
MSFSA Supplier - Individual	\$225	\$ _____
Non-Member & Spouse/Guest *	\$550	\$ _____
Non-Member – Individual	\$425	\$ _____
Single Day Registration (Per Person, Per Day)	\$95	\$ _____
Mortuary Science Student **	\$30	\$ _____

Registration Fees – After Early Bird

All reservations and payments received
after June 3, 2019

Category	Fee	Cost
MSFDA Member & Spouse/Guest *	\$435	\$ _____
MSFDA Member – Individual	\$315	\$ _____
MSFSA Supplier & Spouse/Guest *	\$435	\$ _____
MSFSA Supplier - Individual	\$314	\$ _____
Non-Member & Spouse/Guest *	\$620	\$ _____
Non-Member - Individual	\$495	\$ _____
Single Day Registration (Per Person, Per Day)	\$95	\$ _____
Mortuary Science Student **	\$30	\$ _____

* Spouse/Guest attending convention who will receive continuing education credits must pay an additional \$40.00.

** Students – Registration fee covers attendance at open sessions only. Attendance at other functions may require separate fees.

RESERVATION TOTAL: Total Registration Fees: \$ _____ + Total Event Fees: \$ _____ = Grand Total \$ _____
(from other side)

PAYMENT:

___ Check - made payable to the MSFDA

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

Cardholder's Name _____

Card Number _____ Exp. Date _____ CVC _____

Billing Zip Code _____ Signature _____

Please see reverse side for event information and registration. Complete both sides of this form.

EVENT RESERVATIONS

<u>Event</u>	<u># Attending</u>	<u>Fee</u>	<u>Total Cost</u>
Service of Remembrance, Sunday Evening	_____	None	
Warfield-Rohr Welcome Reception, Sunday Evening	_____	None	
Young People's Party, Sunday Evening	_____	None	
Golf Classic, Monday Afternoon	_____	\$85 pp	\$ _____
Sporting Clays, Monday Afternoon	_____	\$60 pp	\$ _____
Batesville Seafood Festival, Tuesday Afternoon	_____	None	
Matthews Aurora Putt-Putt Tournament, Tuesday Afternoon	_____	None	
Happy Hour – Celebrate 100 th Convention, Wednesday Early Evening	_____	None	\$ _____
Total Event Reservation (<i>transfer total event fees to front of reservation form</i>)			\$ _____

Note: While the majority of our events noted above are free for registered convention participants, their registered guests and their minor children, it is imperative that we have an accurate count for planning purposes. **Please indicate number of attendees for above events.**

IMPORTANT NOTICE

Seating for some of the programs is limited. As such, the Association reserves the right to determine attendance for the program based on the date of receipt of registration forms and payment. In the event the program should sell out, all late registrants will be notified and payment refunded.

Your NAME BADGE is your ticket to all “free” events. Otherwise, tickets will be given to those registered for special events. **No one will be admitted to any function without their name badge and/or tickets.**

GOLF OUTING

Please note that this year's tournament will begin at 12:30 p.m. on the Seaside course at the Ocean City Yacht & Golf Club and the format will be a “shotgun” start. Participants are encouraged to organize their own foursome. Please indicate the names of those individuals who will be playing in your foursome. One individual must assume responsibility for listing all foursome participants, otherwise, foursomes will be assigned. **Note: Outside alcoholic beverages are not allowed on the premises.**

<u>Name</u>	<u>Handicap*</u>	<u>Phone Number</u>	<u>Check Box if Club Rental is Needed</u>
			Circle One <input type="checkbox"/> RH <input type="checkbox"/> LH
_____	_____	_____	<input type="checkbox"/> RH <input type="checkbox"/> LH
_____	_____	_____	<input type="checkbox"/> RH <input type="checkbox"/> LH
_____	_____	_____	<input type="checkbox"/> RH <input type="checkbox"/> LH
_____	_____	_____	<input type="checkbox"/> RH <input type="checkbox"/> LH

* Handicap – USGA Handicap or Average Score per 18 Holes

Box lunches will be provided at the golf course – one per registered golfer.

REMINDER TO GOLFERS...SOFT SPIKES ONLY

CANCELLATION POLICY

Full refund given if cancellation is **received on or before June 3, 2019.** Fee of \$150 if canceled after that date.

Mail completed form (both sides) with payment to: Maryland State Funeral Directors Association
311 Crain Hwy., SE
Glen Burnie, MD 210610

Fax completed form (both sides) with payment to: **410-553-9107** or email to msfda@msfda.net

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

Thank you for completing this form. Provide your email address on the front side and we'll email a confirmation of your registration. We look forward to seeing you at MSFDA's annual convention!