

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

Wednesday, September 11, 2019

(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 15, 2019

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

- First Registrant \$265
- Additional Registrant(s) \$235
of Same Firm

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

- First Registrant \$300
- Additional Registrant(s) \$270
of Same Firm

Non-Members

- First Registrant \$375
- Additional Registrant(s) \$345
of Same Firm

Registrations
After August 15, 2019

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

- First Registrant \$290
- Additional Registrant(s) \$260
of Same Firm

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

- First Registrant \$325
- Additional Registrant(s) \$295
of Same Firm

Non-Members

- First Registrant \$400
- Additional Registrant(s) \$370
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

Refunds will be granted if cancelled on or before August 30, 2019. Refunds will not be granted for cancellations received after August 30, 2019.

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.)

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

Name on Card: _____

Card #: _____ Exp. Date: _____ CVC #: _____

Billing Zip Code Associated with Card _____

Signature _____

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