

**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  
P. O. Box 1465  
Glen Burnie, MD 21060

Email to:            [msfda@msfda.net](mailto:msfda@msfda.net)

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**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](http://www.sheratoncolumbia.com)