

**Registration**  
**Certified Crematory Operator Course**  
**Community College of Baltimore County**  
**Catonsville, MD 21228**  
**Friday, October 17, 2025**

(Complete one registration form per participant)  
**PLEASE TYPE OR PRINT**

NAME \_\_\_\_\_  
FIRST NAME / NICKNAME FOR BADGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMAIL (for confirmation) \_\_\_\_\_@\_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
COUNTY OF RESIDENCE \_\_\_\_\_  
MARYLAND RESIDENT FOR AT LEAST 3 MONTHS \_\_\_\_ YES \_\_\_\_ NO  
GENDER \_\_\_\_ FEMALE \_\_\_\_ MALE \_\_\_\_ NEITHER  
OF HISPANIC OR LATINO ORIGIN \_\_\_\_ YES \_\_\_\_ NO  
RACE \_\_\_\_ WHITE \_\_\_\_ BLACK or AFRICAN AMERICAN \_\_\_\_ ASIAN \_\_\_\_ AMERICAN INDIAN or ALASKA  
\_\_\_\_ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER  
US CITIZEN \_\_\_\_ YES \_\_\_\_ NO

**Registration Fees**

Registration fee includes the Certified Crematory Operator program and materials, certificate of completion, continental breakfast, two breaks, and lunch.

**SPACE IS LIMITED - REGISTER EARLY**

**Early Bird Registration**  
**Deadline is October 1, 2025**

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

☐ Member Registrant \$395

**Non-Members**

☐ Non-Member Registrant \$495

**Registrations**  
**After October 1, 2025**

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

☐ Member Registrant \$495

**Non-Members**

☐ Non-Member Registrant \$595

**Please see next page for cancellation policy and payment instructions.**

## **Cancellation Policy**

Refunds will be granted if cancelled on or before OCTOBER 10, 2025. Refunds will not be granted for cancellations received after OCTOBER 10, 2025.

### **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  
2434 Morrcrest Drive  
Corning, NY 14830

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

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## **EVENT LOCATION**

**COMMUNITY COLLEGE OF  
BALTIMORE COUNTY  
(CCBC)**

**800 S ROLLING RD  
CATONSVILLE, MD 21228**