

REGISTRATION FORM
MSFDA's Mid-Winter Retreat & Continuing Education Program
February 6-8, 2026

Please Type or Print Clearly – Use One Form Per Registrant

Registrant's Name _____

First Name/Nickname for Badge _____

Provide cell # for emergency contact: _____

Firm Represented _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email: _____

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 _____

____ Yes, I/we will attend the Friday evening dinner.

Please indicate #:

____ **Hanger Steak** (Medium) ____ **Shrimp & Grits (GF)** ____ **Ginger Glazed Salmon** ____ **Herb Chicken** ____ **Vegetable Pasta (VGN)**

Special Requirements _____

____ No, I/we will not attend the Friday evening dinner.

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 20, 2026.**

No refunds if cancelled after January 20, 2026. Please note that there will be no on-site registration.

REGISTRATION FEES

Maryland Licensee & Spouse/Significant Other or Guest *	\$400.00
MSFSA Supplier & Spouse/Significant Other or Guest *	\$400.00
Out of State Licensee & Spouse/Significant Other or Guest *	\$400.00
Maryland Licensee – Individual	\$275.00
MSFSA Supplier – Individual	\$275.00
Out of State Licensee – Individual	\$275.00
Student Registration & Spouse/Significant Other or Guest	\$275.00
Student Registration – Individual	\$190.00

* *Spouse/Guest attending Retreat who will receive continuing education credits must pay an additional \$75.00.*

Crossland Fleece Vest Size _____ *Guests Vest Size* _____

PAYMENT

RESERVATION TOTAL: Total Registration Fees: \$ _____

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 _____

CANCELLATION POLICY

Full refund given if cancellation is **received on or before January 20, 2025**. Fee of \$200 if canceled after that date.

Mail completed form (both sides) with payment to: Maryland State Funeral Directors Association
2434 Morrcrest Drive
Corning, NY 14830

Email completed form (both sides) with payment to: msfda@msfda.net
Questions: Contact the Association Office at 410-553-7706

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 Mid Winter retreat!

REGISTRATION CLOSES January 20, 2026