



# 2000 Annual Convention and Exposition

ICFA Use Only	Date Rec'd _____
Ind ID# _____	Co ID# _____
Total\$ _____	
Pmt\$ _____	Bal\$ _____

Convention dates: March 29–April 1, 2000, in Cincinnati, Ohio; Show dates: March 29–31  
 Exhibits: Cincinnati Convention Center. Hotels: Hyatt Regency Cincinnati (headquarters), Omni Netherland Plaza

# Conference Registration Form



If you are registering more than one person (other than spouse/companion), please photocopy this form for additional registrants.  
**Please type or print.** Registrations received prior to February 28, 2000, will be included in the Conference Registration List.

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Spouse/Companion \_\_\_\_\_ Nickname \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Please check one:  Cemetery  Funeral Director  Combo  Other – please specify: \_\_\_\_\_

Is this your first ICFA convention?  Yes  No Are you a CCE?  CFUE  CCFE

Are you a graduate of ICFA University?  Yes  No

Is your company part of a multi-ownership company?  No  Yes: (identify) \_\_\_\_\_

If you have a disability that requires special accommodation, please check box and attach a statement of your needs.

**The Friday Education Special: ♦ Morning (four hours) in the Exposition Hall—one hour of CE credit  
 ♦ lunch ♦ five hours of CE credit in the afternoon educational sessions!**

## Registration

- |                                |                                |
|--------------------------------|--------------------------------|
| Before<br>February 28, 2000    | After                          |
| Friday Education Special       |                                |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 |
| Full: Member                   |                                |
| <input type="checkbox"/> \$475 | <input type="checkbox"/> \$530 |
| Full: Non-member               |                                |
| <input type="checkbox"/> \$590 | <input type="checkbox"/> \$650 |
| Spouse/Companion               |                                |
| <input type="checkbox"/> \$299 | <input type="checkbox"/> \$299 |
| Supplier/Professional**        |                                |
| <input type="checkbox"/> \$420 | <input type="checkbox"/> \$450 |
| One Day (Thursday/Saturday)    |                                |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |

## Ticketed events

- |   |                               |                            |                       |
|---|-------------------------------|----------------------------|-----------------------|
| <b>Wednesday, March 29</b>                | ICFAU/Women's Forum Reception | _____ tickets @ \$40 each, | \$ _____              |
| <b>Friday, March 31</b>                   | *Spouse Program               | _____ tickets @ \$50 each, | \$ _____              |
| <b>Saturday, April 1</b>                  | Prayer Breakfast              | _____ tickets @ \$20 each, | \$ _____              |
| <b>Saturday, April 1</b>                  | Legal/Legislative Luncheon    | _____ tickets @ \$32 each, | \$ _____              |
| <b>Saturday, April 1</b>                  | *Closing Reception & Dinner   | _____ tickets @ \$75 each, | \$ _____              |
| * Tickets included in full registrations. |                               |                            | <b>TOTAL</b> \$ _____ |

\*\*Suppliers of goods and services to the industry who are not exhibiting will not be permitted entrance to the Exposition Hall, but all convention education programs outside the exposition hall are open to them.

**Registration fees \$ \_\_\_\_\_ + Ticketed Events \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_**

VISA  MASTERCARD  CHECK (Please make checks payable to ICFA)

Print name as it appears on credit card \_\_\_\_\_ Credit card number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**Cancellation Policy** Registrants canceling their registrations by February 28, 2000, will receive refunds. All cancellations must be in writing and will be subject to a \$50 per person processing fee. Ticketed events will be refunded less a \$5 per event processing fee.  
**Registrations canceled after February 28, 2000, will not be refunded.**

**Registration includes:** Daily admission to the Exhibit Hall and Convention Program Sessions, all Exposition Hall functions, including Grand Opening Reception and Exhibitor's Reception and Closing Dinner. Spouse/companion registration also includes Closing Reception & Dinner and Spouse Program.

**Please return this form with payment to:**

**International Cemetery & Funeral Association, 1895 Preston White Drive, Suite 220, Reston, VA 20191**  
**ICFA phone: 1-800-645-7700 or (703) 391-8400; Fax: (703) 391-8416**