

# Registration and Housing Form (side 1)

Each college is limited to the first 35 registrants,  
so act now to reserve a spot!

**Registration must be received by June 14, 2002.**

Please fill out both pages of form. Due to the high volume of applications, paid registrations will be processed first.

## Registrant Information (please print)

Name \_\_\_\_\_

Nickname \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_

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

Indicate if you are a (check all that apply):

CCE     CFuE     CCFE     CCCE     CFSP

## College Selection

1st Choice	2nd Choice	I will be attending (indicate first and second choices):
<input type="checkbox"/>	<input type="checkbox"/>	<b>J. Asher Neel College of Sales &amp; Marketing</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>College of Administration &amp; Management</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>College of Land Management &amp; Grounds Operations</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>College of Funeral &amp; Commemorative Services</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Executive Management Symposium</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Master's Program</b> (attach daily itinerary of classes)
<input type="checkbox"/>	<input type="checkbox"/>	<b>CEO Program</b> (attach daily itinerary of classes)

Send completed form and payment to: ICFA, 1895 Preston White Drive, Suite 220,  
Reston, VA 20191; FAX: (703) 391-8416. Questions? Call 1-800-645-7700.

# Registration and Housing Form (side 2)

## Registration and Housing

For applications received on or before May 30, fourth- and third-year students will be given priority for rooms at the Fogelman Executive Center. After May 30, housing for all students at the Fogelman Executive Center will be assigned on a first-come, first-served basis. Students not assigned to the Fogelman will automatically be placed at the Holiday Inn University, located on campus a half block from the Fogelman.

Date of Arrival: July \_\_\_\_\_ Date of Departure: July \_\_\_\_\_

	Registration	Room & Board*	Due ICFA	
<b>Fogelman</b>				
<input type="checkbox"/> Single, 5 nights	\$675	\$855	\$1,530	
<input type="checkbox"/> Single, 6 nights	\$675	\$953	\$1,628	
				Subtotal _____
<b>Holiday Inn</b>				
<input type="checkbox"/> Single, 5 nights	\$675	\$885	\$1,560	
<input type="checkbox"/> Single, 6 nights	\$675	\$988	\$1,663	
				Subtotal _____
<b>Double Accommodations (for any person sharing your room)</b>				
<input type="checkbox"/> 5 nights @ \$10/night = \$50		<input type="checkbox"/> 6 nights @ \$10/night = \$60		
				Subtotal _____
<b>Additional Meal Package (for guests not attending ICFAU)</b>				
<input type="checkbox"/> 1 package @ \$368				
				Subtotal _____
<b>ICFA University Polo Shirts</b>				
_____ shirts @ \$40 each				Subtotal _____
Please indicate sizes: <b>Men's</b> S M L XL XXL				
<b>Women's</b> S M L XL				
<b>TOTAL DUE</b>				_____

*\*Please note that the room and board fees are higher this year because the ICFA is being charged a 14.7 % tax on sleeping rooms along with a 15 % service fee and an 8.25 % tax on all meals and food service. We have not been charged tax or service fees in past years. Registration fees have not been increased.*

**Cancellation Policy:** Registrants canceling their registrations prior to June 14 will receive refunds. All cancellations must be made in writing and will be subject to a 15% per person cancellation fee. **The University of Memphis has imposed a new cancellation policy that makes the ICFA responsible for room and board on all reservations. As a result, no refunds can be made on cancellations received after June 14.**

### Payment to ICFA

\_\_\_\_\_ Total fees due ICFA

- CHECK (Please make payable to ICFA)
- VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

Name as it appears on card \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

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