

CONFERENCE REGISTRATION FORM

International Cemetery and Funeral Association Fall Management Conference October 2-5, 2002, Hyatt Grand Champions Resort, Indian Wells, CA

Registration: Persons whose registrations are received prior to August 29, 2002, will have their names included in the Conference Registration List.
If you are registering more than one person, please photocopy this form for each additional registrant.

Name of Applicant _____ Nickname _____
 Name of Spouse/Guest _____ Nickname _____
 Company _____
 Address _____
 City _____ State _____ Zip Code _____ - _____
 Telephone _____ Fax _____
 E-mail _____

Indicate if you are : CCE CFuE CCFE CFSP CCCE

Is your organization part of a multi-ownership company? yes no Identify _____

Is this your first ICFA Fall Management Conference? yes no

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

Fees: Payment must accompany registration form to receive early registration discount.

	Prior to 8/29	After 8/29			Total
ICFA member	\$439	\$525	Banquet ticket	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Non-member	\$560	\$560	Banquet ticket	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Spouse/Guest	\$145	\$145	Banquet ticket	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Registration subtotal					_____

For ICFA use only	DATE:	_____
	IND ID#:	_____
	CO ID#:	_____
	PAYMENT:	_____
	TOTAL:	_____

Ticketed Events: Events are included with all full registrations. Additional tickets may be purchased for unregistered spouses or guests.

10/2 Welcome Reception _____ tickets @ \$55 each _____
10/5 Banquet _____ tickets @ \$90 each _____
Events subtotal _____

Tournaments:

10/4 Golf Tournament Handicap _____ tickets @ \$90 each _____
10/5 Tennis Tournament _____ complimentary tickets _____
Tournaments subtotal _____

Total payment: (including registration fees and additional tickets) _____

Check (Make payable to ICFA)
 Credit card (circle one) MasterCard Visa American Express Discover
 Card Number _____ Exp. date _____
 Name as it appears on card _____

Cancellation Policy

Registration
 Requests to cancel registrations must be submitted to the ICFA in writing. A full refund minus \$50 processing fee will be issued on cancellations received prior to August 29, 2002. No refunds will be issued for cancellations received after August 29.

Ticketed/Optional Events
 Requests to cancel ticketed events must be submitted to the ICFA in writing. A full refund minus \$5 processing fee per event will be issued on cancellations received prior to August 29, 2002. No refunds will be issued for cancellations received after August 29.

Banquet Ticket Policy

Full registration includes admission to the banquet; however, tickets will not be automatically distributed. Please indicate your intention to attend.



Please return this form along with your credit card information or check to:

International Cemetery and Funeral Association
 Conventions and Meetings Department
 1895 Preston White Drive ■ Suite 220 ■ Reston, VA 20191
 Telephone: 703-391-8400 ■ 1-800-645-7700 ■ Fax: 703-391-8416



HOTEL RESERVATION FORM

International Cemetery and Funeral Association Fall Management Conference
October 2-5, 2002, Hyatt Grand Champions Resort, Indian Wells, CA

Reservation Information (please print or type)

Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____

Rates

The deadline for making hotel reservations is August 29, 2002. Reservations will be accepted on a space available basis after that date. When contacting the hotel, identify yourself as an attendee at the ICFA Fall Management Conference. The hotel will confirm reservations with you at the address specified above. All changes and/or cancellations should be made directly with the hotel. Room rates will be in effect for three days before and after the conference, depending on availability. All rates are subject to a sales tax of 9.25%.

Accommodation Options

- \$210 Parlor Suite
- \$280 Regency Club
- \$315 Penthouse Suite
- \$500 One Bedroom Villa
- \$600 Two Bedroom Villa

Check-in time: 4 pm / Check-out time: 1 pm

Arrival date/time _____ am/pm

Departure date/time _____ am/pm

Occupancy Single Double

King bed Two double beds

Smoking yes no

Handicapped accessible yes no

A \$10 per person, per day, resort fee will be charged on site. This covers local and 800# phone calls, in-room amenities and safe, use of bicycles, golf club storage and use of the Health and Fitness Center.

Specific requests for smoking or non-smoking rooms and bed size will be honored based on availability but are not guaranteed.

Payment

All rooms must be guaranteed for two nights (\$420) by credit card or check. Cancellations must be made at least 7 days prior to arrival date to avoid a room charge of two night's stay plus tax. Cancellations made within the 7-day window will forfeit the two-night deposit. The hotel charges a penalty for early checkout. This penalty is 50% of the daily rate for the last day.

- Check (Make payable to Hyatt Grand Champions Resort. Check to be received by hotel no later than August 29, 2002.)
- Credit Card (Check one) AMEX VISA Mastercard Diners Club Discover

Credit Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Please return this form along with your credit card information or check to:

Hyatt Grand Champions Resort
44-600 Indian Wells Lane
Indian Wells, CA 92210
(760) 341-1000; Fax: (760) 568-2236