

ICCFA University, July 20-25, 2007

Class sizes are limited, so act now to reserve your spot!

Registration must be received by June 20, 2007.

Forms will be processed on a first-come, first-served basis after this date.

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

Applicants to the College of Cremation Services: Please use the form in the "Cremation Certification" section of this booklet.

Registrant Information (please print)

Name _____

Nickname (for badge) _____

Title _____

Company _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

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.

Are you a first-time ICCFA University student? Yes No

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

CCE CFuE CCFE CCCE CFSP CM

College Selection

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

Cancellation Policy: Registrants canceling their registrations prior to June 20 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 cancellation policy holds the ICCFA responsible for room and board on all reservations. As a result, no refunds can be made on cancellations received after June 20.**

Registration and Housing Form

Registration and Housing

On-campus housing at the Fogelman Executive Center will be assigned by the ICCFA on a first-come, first-served basis, with fourth- and third-year students whose applications are received on or before May 26 being given priority. Students who are not assigned to the Fogelman will be placed at the Holiday Inn, located across the street.

Date of Arrival: July _____ Date of Departure: July _____

	Registration	Room & Board*	Due ICCFA
Fogelman			
<input type="checkbox"/> Single, 5 nights	\$735	\$995	\$1,730
<input type="checkbox"/> Single, 6 nights	\$735	\$1,095	\$1,830
			Subtotal _____

Holiday Inn			
<input type="checkbox"/> Single, 5 nights	\$735	\$1,080	\$1,815
<input type="checkbox"/> Single, 6 nights	\$735	\$1,200	\$1,935
			Subtotal _____

Double Accommodations (for any person sharing your room)

<input type="checkbox"/> 5 nights x \$10 = \$50	<input type="checkbox"/> 6 nights x \$10 = \$60	
		Subtotal _____

Additional Meal Package (for guests not attending ICCFAU)

<input type="checkbox"/> 1 package @ \$475	
	Subtotal _____

ICCFA University Polo Shirts

_____ shirts @ \$40 each

Please indicate type: **Regular (student)** **Alumnus**
Professor **Dean**

Please indicate size(s): **Men's** S M L XL XXL
Women's S M L XL

Subtotal _____

TOTAL DUE TO ICCFA \$ _____

* Room and board fees include a 15.95% tax on sleeping rooms for the Fogelman and Holiday Inn as well as a 20% service charge and a 9.25% tax on all meals and food service.

Payment

CHECK (Please make payable to ICCFA)

CREDIT CARD (Circle one) Visa Mastercard American Express Discover

Card number _____ Exp. Date _____

Name on card _____

Signature _____

Security ID code (3-digit # on back of card or 4-digit # on front of AmEx) _____

Card's billing address/ZIP _____



Return form with payment to:
ICCFA Meetings Department
 107 Carpenter Drive, Suite 100
 Sterling, VA 20164
 Fax 703.391.8416
 Questions? Call 1.800.645.7700.

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