



**ANNUAL CONFERENCE AND TRADESHOW REGISTRATION FORM
JUNE 6 – 8, 2018 · SADDLEBROOK RESORT AND SPA
TAMPA, FLORIDA · WWW.IFDF.ORG**

Funeral Director Full Name: _____

Guest Name: _____

Funeral Home: _____

Street Address: _____

City: _____ State/Prov: _____ Zip Code: _____

Work Phone: _____ Cellular: _____

E-mail Address: _____

Staff Member Attendee Name: _____

(Add additional staff members on a separate sheet of paper and include with this form)

Are you the FDIC? Yes No Are you a member of IFDF? Yes No

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

Are you, your guest or staff member(s) vegetarian/vegan? If yes, whom: _____

REGISTRATION AND PAYMENT

Registration Rates:

	By 4/30/2018*	After 4/30/2018	On-Site	Amount Due
Full Registration IFDF Member	\$395	\$450	\$500	\$_____
Full Registration Non-Member	\$545	\$600	\$650	\$_____
Guest**	\$175	\$175	\$200	\$_____
Each Staff Member	\$300	\$300	\$350	\$_____
Golf Tournament	\$125 each	\$125 each	N/A	\$_____
Total Due \$				_____

Please Print Legibly

Check Enclosed
 Discover Visa MC AmEx
 Credit Card No: _____
 Exp. Date _____ Security ID# _____
 Name on credit card: _____
 Card's billing address (required)

* Registration form must be postmarked on or before 4/30/2018.

** A Guest must be someone who does NOT work in the profession.

Return this form to: IFDF

Post Office Box 10969
Tallahassee, FL 32302

Signature _____