

**FORM MUST BE SUBMITTED TO NFDA BY: October 11, 2025**

**Please Note:**

Form must be completed by and is only valid for:

- Funeral Directors
- Crematory Operators
- Cemetery Owners
- And their staff

**The email you provide on this form:**

- **Must be unique email and only used by one person.**
- **This will be the email used at the self-printing badge kiosk onsite.**

Your Expo Pass is valid all three days!

**Courtesy of** \_\_\_\_\_

(Company Name)

**Booth Number** \_\_\_\_\_

**How to Redeem:**

1. Complete this form with your contact information below (one person per form, you are able to make copies)
2. Email to [nfda@nfda.org](mailto:nfda@nfda.org)
3. Pick up your badge at the self-printing kiosk

**See you in New Orleans!**

[Info @ nfda.org/convention](mailto:Info@nfda.org/convention)

## Registrant Information

**\* Required fields. Unique e-mail required for confirmation, badge printing and event app.**

\*Registrant Name: \_\_\_\_\_

\*Funeral Home: \_\_\_\_\_

\*Funeral Home Address: \_\_\_\_\_

\*City/State/Zip/Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

NFDA ID \_\_\_\_\_

\*License #/State: \_\_\_\_\_

Academy # \_\_\_\_\_

\*License #/State: \_\_\_\_\_

Free Expo-only Registrations do not include continuing education credit (CE).  
For CE, please call 800.228.6332

Form Submission:  
Email this signed form to Member Services at [nfda@nfda.org](mailto:nfda@nfda.org)

**Upgrade Your Badge!**  
[See second page](#)

**Expo Plus Badge****You may upgrade your badge to Expo Plus!****Expo Plus includes:**

- Entrance to Welcome Party, Opening Session, Service of Remembrance and All-Star Recognition in addition to the three expo floor days.
- Up to 3 CE hours (does not include other sessions, workshops or pre-convention seminars)

**NFDA Member Rate:** \$270 on or before September 9th (\$320 after September 9th)**Non-Member Rate:** \$375 on or before September 9th (\$425 after September 9th)

\_\_\_\_\_ Yes, please upgrade my badge to Expo Plus!

**Must be received by  
October 11, 2025****Payment Information**Credit Card:  Amex  Mastercard  Visa  DiscoverCard #: Exp. Date: CVV: Card Holder Name:   
(Please print)

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**Cardholder Signature**Form Submission:  
Email this signed form to Member Services at: [nfda@nfda.org](mailto:nfda@nfda.org)