NFDA NATIONAL FUNERAL DIRECTORS ASSOCIATION

FREE EXPO ONLY REGISTRATION FORM

FORM MUST BE SUBMITTED TO NFDA BY: October 11, 2024

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. Fax to NFDA at 262.789.6977 or email to nfda@nfda.org
3. Pick up your badge at the self-printing kiosk

See you in New Orleans!
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
Fax this form to +1.262.789.6977
Email this signed form to Member Services at: nfda@nfda.org

Upgrade Your Badge!
See second page

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FREE EXPO ONLY REGISTRATIONFORM

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, 2024

Payment Information

Credit Card: ☐ **Amex** ☐ **Mastercard** ☐ **Visa** ☐ **Discover**

Card #: _____ **Exp. Date:** _____

CVV: _____

Card Holder Name: _____
(Please print)

_____
Cardholder Signature

Form Submission
Email this signed form to Member Services at: nfda@nfda.org