



**Virginia Funeral Directors Association
Arlington National Cemetery Continuing Education Trip
April 1-2, 2010**

Schedule of Events

April 1, 2010

- 8:00 a.m. Load Bus, *Richmond, Virginia*
- 10:30 a.m. Official Visit and Wreath Ceremony by the Chief of Staff of the Army
- 11:20 a.m. VFDA Wreath Ceremony
Followed by Continuing Education Tour (1.0 CEU)
- 12:45 p.m. Load Bus, *Arlington National Cemetery*
- 1:30 p.m. Lunch, *Sheraton National Hotel*
- 2:30 p.m. Afternoon of Leisure – Smithsonian, shopping, site seeing
- 5:30 p.m. Dinner, *Invited Speaker John Fitch, Jr., NFDA, Sheraton National Hotel* (1.0 CEU)
- 7:30 p.m. Twilight Tour of Washington, D.C. (optional)

April 2, 2010

- 8:00 a.m. Breakfast, *Sheraton National Hotel*
- 9:30 a.m. Load Bus
- Noon Arrive Richmond, Virginia

Virginia Funeral Directors Association
Arlington National Cemetery Continuing Education Trip
April 1-2, 2010
REGISTRATION FORM

Name: _____

Funeral Home/Business: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Registration Fee \$175 Per Person
Student Registration Fee \$125 Per Person
(Includes transportation, 3 meals & continuing education credits)

___ Yes, I will attend the April 1-2, 2010 trip to Arlington National Cemetery

Will you be bringing a guest? ___ yes ___ no

Guest Name: _____

An optional Twilight Tour is being offered on April 1, 2010 at 7: 30p.m. Cost is \$50 per person.

___ Yes, I will attend the April 1, 2010 Twilight Tour of Washington, DC.

Will you be bringing a guest on the Twilight Tour? ___ yes ___ no

One Day Registration Fee \$125Per Person
(Includes 2 meals & continuing education credits)

*****TRANSPORTATION ON YOUR OWN*****

___ Yes, I will attend the April 1, 2010 one day trip at Arlington National Cemetery.

Will you be bringing a guest? ___ yes ___ no

Guest Name: _____

**Please send payment by March 22, 2010 to VFDA, 1011 East Main Street, Suite 400,
Richmond, VA 23219.**

___ Check (payable to Virginia Funeral Directors Association)

___ Visa ___ MasterCard ___ American Express ___ Discover

Name on the Card: _____

Card Number: _____

Exp. Date: _____

Signature: _____

**FOR HOTEL ACCOMODATIONS, please contact Sheraton National Hotel Arlington at
888-627-8210 by Friday, March 15, 2010. Sleeping room rates are \$159.**