



• 1011 East Main Street • Suite 400 • Richmond • Virginia • 23219 •
Phone: (804) 264.0505 • Fax: (804) 264.3260

Program Schedule for:

March 22, 2012

John Tyler Community College
Room B-124
13101 Jefferson Davis Highway
Chester, Virginia 23831

**** CLASSES MUST HAVE A MINIMUM OF 6 ATTENDEES PER CLASS. IF CLASSES DO NOT REACH THE MINIMUM ONE WEEK PRIOR TO THE SCHEDULED CLASS DATE, THE CLASS WILL BE CANCELED.****

- | | |
|------------------|---|
| 8:30-9:30 AM | Working Breakfast, Distractive Driving
<i>Sponsored by Federated Insurance (1.0)</i> |
| 9:45-11:45 AM | Embalming & Restorative Art (2.0)
<i>Rick Sikon, John Tyler Community College</i> |
| 11:45 AM-1:00 PM | Lunch on Your Own |
| 1:00-2:00 PM | Virginia State Law and Regulations (1.0)
<i>Virginia Board of Funeral Directors and Embalmers</i> |
| 2:00-3:00 PM | Preneed Rules & Reg's Recap (1.0)
<i>Richard W. Brockwell, Jr., Capstone PreNeed Funding Solutions</i> |
| 3:00-3:15 PM | Coffee Break |
| 3:15-4:15 pm | Group Dynamics and Grief, Alane Cameron Miles (1.0) |

6 credit hours

**Sponsorship Opportunities Available:
Lunch Sponsorship
Coffee Break Sponsorship**

Please contact the VFDA office for additional sponsorship information
(804) 264-0505.



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Continuing education classes Registration form

Registration fee: \$125 Members and \$195 non-members

**** VFDA Members registering 2 or more staff will receive a 10% discount off the total registration Amount****

**** VFDA Non-Members will receive an Affiliate membership for one year****

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____

Email: _____

Which CEU Class will you be attending? Please Check One

- September 15th October 6th November 3rd
- November 16th February 21st March 8th
- March 22nd

Sponsorship:

Yes, I would like to sponsor lunch in the amount of \$_____ on _____
CEU Class date

Yes, I would like to sponsor the coffee break in the amount of \$_____ on _____
CEU Class date

Payment: Check Visa MC American Express Discover

Name on the card: _____

Card number: _____ Exp Date _____

Signature: _____

VFDA members and non-members please mail or fax your registration today!

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info@vfda.net
www.vfda.net