

# Firm Member Registration Form



125<sup>th</sup> VFDA Annual Convention & Exhibition • July 7-9, 2013 • Virginia Beach, Virginia

All participants (including spouses, children, & guest) must wear name badges to all continuing education courses and optional events. All registrants attending the Monday and Tuesday night social events must present tickets at the door before entry.

	Number Attending	Cost Per Person	Attendees / Spouses / Guests Name	Total cost
Firm Member (1st person from firm) Shirt size (circle:) S M L XL XXL	1	\$250		\$250
Each additional person from firm Shirt size (circle:) S M L XL XXL		\$150		\$
Spouse/Guest/Children		Free		Free
VFDA Associate/Individual Member		\$250		\$
VFDA Student Member		\$35		\$
One Day Registration Fee <i>*This does not apply to the Sunday Blitz CE</i>		\$90		\$
<b>ADDITIONAL EVENTS FOR MEMBERS</b>				
Chartered Fishing Trip - <b>Sunday</b>		\$50		\$
Golf Practice Day - <b>Sunday</b>		\$30		\$
Super Sunday Education Blitz - <b>Sunday</b> <i>*\$165 for VFDA members not registered for full convention</i>		\$165		\$
Crematory Operators Roundtable - <b>Sunday</b>		\$20		\$
Networking Breakfast - <b>Monday</b>		Free		Free
Past Presidents Luncheon - <b>Monday</b> <i>*Past VFDA Presidents Only</i>		Free		Free
Installation of Officers & "Evening with the Stars" Inaugural Awards Banquet - <b>Monday</b>		\$65		\$
Children's Menu - <b>Monday</b> <i>Chicken Fingers, French Fries, Mac-n-Cheese, Soda/Juice</i>		\$12		\$
Kids Movie Party - <b>Monday</b>		Free		Free
"Cheers to the Years" Alumni Reunion - <b>Monday</b> Mortuary Services Program School Attended: _____ Year Graduated: _____		\$10		\$
Networking Breakfast with Exhibitors - <b>Tuesday</b> <i>Continental Breakfast on Exhibit Floor</i>		Free		Free
"Flowers & Tea Brunch" Spouses Outing - <b>Tuesday</b>		Free		Free
"Cheers to the VFDA" Social - <b>Tuesday</b>		\$55		\$
Children's Menu - <b>Tuesday</b> <i>Hot Dogs, French Fries, Mac-n-Cheese, Soda/Juice</i>		\$12		\$
Golf Outing - <b>Wednesday</b>		\$200 per team / \$50 per person		\$

**ONLY MEMBERS WITH THEIR 2013 DUES PAID ARE ELIGIBLE FOR THE VFDA MEMBER RATE**

**GRAND TOTAL** \$

Firm Name: \_\_\_\_\_  VISA  MasterCard  AMEX Expires: \_\_\_\_\_  
 Address: \_\_\_\_\_ Card #: \_\_\_\_\_ 3 or 4 digit code: \_\_\_\_\_  
 P: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
 Email: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

*Registration must accompany payment. Fax or mail this form and send payment to:  
 VFDA, PO Box 395, Hanover, VA 23069 • Phone: (804) 264-0505 • Fax: (804) 264-3260 • www.vfda.net*

**Cancellation Policy:** Full registration refunds will be given provided cancellation is received in writing via e-mail, mail or fax by June 24, 2013. After that date, 50% registration refunds will be given providing cancellation is received in writing via e-mail, mail or fax.