



National Funeral Directors and Morticians Association, Inc.
2022 Annual National Convention & Exposition Registration Form
New Orleans, LA | July 30- August 4, 2022

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT

Title Preference: (please circle one) Mr. Ms. Mrs. Dr. Reverend Minister Elder Bishop Attorney Other: _____

REGISTRANT: _____
(First) (M.I.) (Last) (Suffix)

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

OFFICE #: () _____ FAX #: () _____

PRIMARY EMAIL ADDRESS: _____ CELL #: () _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

Membership Information: _____.

Are you a current Licensed National Member? _____

Are you a current Student/Apprentice National Member? _____ (Please circle one)

Affiliation: _____

What state(s) are you affiliated with? _____

Pre-Registration Fees: (if received by Friday, July 08, 2022) (Registration Fee DOES NOT Include Awards Dinner Ticket)

Licensed National Member-\$425.00 [On-Site: \$525.00] **Additional Event Tickets: (You May Desire More)**

Past National President-\$150.00 [On-Site: \$250.00]

Student National Member-\$75.00

Apprentice National Member - \$100.00

(Does Not Include Awards Dinner)

Additional Welcome Reception: ___ x \$75.00 = \$ _____

Awards Dinner: ___ x \$100.00 = \$ _____

One Day Registration: ___ x \$250.00 = \$ _____
(please circle one) Monday Tuesday Wednesday
(Does Not Include Awards Dinner, nor Luncheon)

Exhibit Hall Only (Includes All Days): ___ x \$200.00 = \$ _____
(Does Not Include Awards Dinner)

Tuesday Exhibit Hall Only: ___ x \$125.00 = \$ _____
(Does Not Include Awards Dinner)

Wednesday Exhibit Hall Only: ___ x \$125.00 = \$ _____

Student/Apprentice Non-Member - \$175.00

Guest(s) of an NFDMA - \$400.00 [On-Site: \$500.00]

Licensed Non-Member - \$550.00 [On-Site: \$625.00]
(Does Not Include Awards Dinner)

Payment Method: You may also register online at www.nfdma.com

Registration Date
____/____/____

Check # _____ Credit Card (type) _____ Credit Card _____

Amount Enclosed:
\$ _____

Signature _____ Name as it appears card _____
Exp. Date _____

Address (associated with CC) _____ City _____ State _____ Zip _____

Make payment payable to: NFDMA, Inc. 6290 Shannon Parkway, Union City, GA 30291 (770) 969-0064 Fax (770) 969-0505