

Reservation Form

129th Annual CFDA Convention

Registrant's Names _____

 Funeral Home/Firm _____

In addition to some of our continuing educational programs, your registration fee provides for refreshments, breaks, room rental and materials.



Event Reservations

Please indicate number of people attending each event

	Member	Non-Member
_____ Registration Fee	@ 125.00 pp	\$250.00 pp
_____ Business Meeting	- 0 -	- 0 -
_____ Luncheon	@ \$35.00 pp	\$60.00 pp
_____ Update with Dr. James R. Gill, M.D. & Invited Guests from Probate & DCP	- 0 -	- 0 -
_____ Alzheimer's Seminar	- 0 -	- 0 -
_____ Keynote Speaker Bruce Bratton	- 0 -	- 0 -
_____ Pre-Banquet Cocktail Reception	- 0 -	\$100.00 pp

Dinner

Dinner Designation:
 S: Salmon Fillet
 FM: Filet of Beef
 C: Chicken Breast

Dinner
 Choice

CFDA
 Member/Supplier*
\$90.00

Funeral Home
 Non-Member/
 Non-Supplier
\$200.00

1. _____
2. _____
3. _____
4. _____
5. _____

★ Grand Total _____

Payment Checks must be made payable to the **Connecticut Funeral Directors Association**

Send to: **CFDA, 364 Silas Deane Highway, Wethersfield, CT 06109**

For More Info: (ph) 860 721-0234 (fax) 860 257-3617 (email) connfda@aol.com

Credit Card Payment MasterCard Visa

Card Number _____ Expiration Date _____ Security Code _____

Cardholder's Name _____

Full CC Mailing Address _____

A full refund will be given if cancellation is received on or before Wednesday, November 22, 2017.

*Suppliers advertising in The Associate.

★ Please return registration form to CFDA Office by Wednesday, November 22, 2017