REGISTRATION FORM
WEST VIRGINIA FUNERAL DIRECTORS ASSOCIATION
116TH ANNUAL CONVENTION – JUNE 7-9, 2010
CHARLESTON MARRIOTT HOTEL, Charleston, WV

NAME: _____
First (please print) Last

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

FIRM OR ORGANIZATION: _____

Telephone: _____ Fax: _____ E-mail: _____

Check One: ☐ Member ☐ Exhibitor ☐ Nonmember

☐ Spouse attending – Name on Badge _____

Number of children attending ___ Name(s) on Badge(s) _____

Children and Spouse registration (members only, free unless licensed)… = $ _____

Member Registration Fee: ☐ Persons @ $50.00 per member……..... = $_____
(For all or any part of the convention)

Nonmember Registration Fee: ☐ Persons @ $100.00 per person per day….. = $_____

OR ☐ Persons @ $175.00 per person for entire convention…... = $_____

TOTAL ENCLOSED…….…….$_____

NOTE: ALL persons must have name badge to attend functions

- **ALL** persons attending the Convention functions must be registered and pay the appropriate registration fee
- **Exceptions:**
  - Ø **Nonlicensed spouses and children of members receive free registrations.**
  - Ø **Exhibiting companies receive two (2) free registrations.**
  - Ø **WV State Board receives two (2) free registrations.**

Please make checks payable to and return this form by **May 31. 2010** to:
(Registrations received after May 31, 2010 will be processed on site)

WEST VIRGINIA FUNERAL DIRECTORS ASSOCIATION
815 Quarrier Street, Suite 345
Charleston, West Virginia 25301-2645

For Office Use Only
Check # _____
Amount $_____
attributed to this form
Amount $_____
of check **if** for more than this form
Check Date_____
Date Postmarked _____
Date Received _____