## **PFDA 2020**

## **Mid-Winter Management Conference**

Nemacolin Woodlands Resort - Farmington, PA 15437

## **REGISTRATION FORM:**

Funeral Director Name(s):	
Spouse/Guest Name:	
Funeral Home Name:	
Address:	
City:	State: Zip:
Phone:	Fax No.:
Email:	
	Departure Date:
disability. Attached is a statement regularity. Registration Fees Are Non-Refu	will require special accommodations for a garding my/our disability related needs.  undable and Include: Workshops, reception, a on Wednesday, and hot buffet breakfast on
Licensed Funeral Director (PFDA med Licensed Funeral Director (Non-PFDA Funeral Supplier: Spouse/Guest:	,
Payment:  □ Check (Please make payable to PFDA)  □ Credit Card: (circle one) American  Credit card number	n Express Visa MasterCardSecurity Code: Exp. Date
Print name as it appears on credit card	
Signature Authorization	