

Form of Payment:

Check

NATIONAL FUNERAL DIRECTORS & MORTICIANS ASSOCIATION, INC.

8TH DISTRICT LEADERSHIP & ENRICHMENT SEMINAR 2024 REGISTRATION FORM

Mailing Address.				
City				Zip Code:
				oer:
	act Name:		_ Thoric Name	
	act Phone #:			
Emergency contr	dot i fione #			
Membership Info	ormation			
	nt Licensed National/S	tate Member?	roulo	
Do you hold a Na	ational or State positio	n?		
	onal or State position o			
Certifications (C	Check all that apply)			
CFSP		MBIE	CFSGM	_ Other
Funeral Home T	itle (Check all that a	oply)		
runeral monie i	Manager	Funer	al Director	(License #)
			Employee	Other_
Owner	(License #)	Apprentice		
Owner Embalmer	(License #)			

****Make Checks Payable to: The Funeral Directors & Morticians Association of Nevada, Inc. or FDMAN Send Registration & Payments to: Giddens Memorial Chapel 2737 N Lamb Blvd. Las Vegas, NV 89115

Online (Credit or Debit): www.fdmanv.com/8thdistrict

Onsite Registration: Members \$175 Student/Apprentices \$125 Guest & Non-Members \$200

Money Order