

CREMATORY OPERATORS CERTIFICATION REGISTRATION



DATE DESIRED: _____

LOCATION: _____

Refund Policy: No refunds available. No class transfers.

CLASSES TO BE HELD FROM 9:30 A.M. - 2:30 P.M.

LUNCH IS NOT PROVIDED. PLEASE BRING A BAGGED LUNCH.

CREMATION CERTIFICATION REGISTRATION FORM

(PLEASE PRINT)

CREMATORY LOCATION: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Is Crematory a:

Free standing Business _____, Combination w/ Funeral Home _____ Or Combination w/Cemetery _____

OPERATOR REGISTRANT #1 - NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

FD LICENSE # _____ FOR CREDIT HOURS

OPERATOR REGISTRANT #2 - NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

FD LICENSE # _____ FOR CREDIT HOURS

IN ORDER TO ATTEND THE ICFHA'S CREMATORY OPERATOR'S PROGRAM, YOUR COMPANY MUST BE LISTED AS A MEMBER, AND YOU AS A REPRESENTATIVE.

OR

IF YOUR COMPANY IS NOT A MEMBER YOU WILL PAY THE NON-MEMBER FEE.

_____ \$235.00 COURSE FEE FOR MEMBER
_____ \$90.00 ADDITIONAL REPRESENTATIVE TO BE LISTED AS A CURRENT MEMBER
_____ \$ 75.00 - 5 C.E. HOURS WITH COURSE

_____ \$675.00 - NON MEMBERS
_____ \$ 75.00 - 5 C. E. HOURS WITH COURSE
NON MEMBER

TOTAL ENCLOSED \$ _____

NOTE: CERTIFICATE REPLACEMENT - \$50.00

ALL CLASSES REQUIRE PRE-REGISTRATION AND PRE-PAYMENT. VISA/MASTERCARD ACCEPTED FOR PAYMENT
APPLICATION WITH PAYMENT MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO COURSE.