

## The Funeral Service Institute for Public Policies, Inc.

In partnership with

The National Funeral Directors & Morticians Association, Inc.

## **National Board Exam Review Course REGISTRATION**

NAME			
ADDRESS			
CITY		_STATE	ZIP
BEST CONTACT PHONE #		_EMAIL	
FIRM NAME			
IS THE FIRM AN NFD&MA MEMBEI	R? YES	NO	
ARE YOU A STUDENT/APPRENTICE	OR LICEN	SED MEMB	ER OF NFD&MA?
MORTUARY SCHOOL ATTENDED _			
GRADUATION MONTH	YEAR		
HOW MANY TIMES HAVE YOU TAK	EN THE NE	BE? A:	S:
DATE LAST TAKEN? A:	S:		
DESIRED COURSE (please circle): SCI AR'	IENCE: Sept		

\*\*Please note, all payments are due by 5 p.m. on the Thursday BEFORE the class start date\*\*
Email registration form and payment to: <a href="mailto:educationinstitutefoundation@gmail.com">educationinstitutefoundation@gmail.com</a> or
Fax registration form and payment to 404-522-8418

**Mail** registration form and payment to: The Funeral Service Institute for Public Policies, Inc. P. O. Box 90401

		East Point, C	Georgia 30364		
PAYMENT METHOD: Check/Money Order/C	ashier's Check/Cer	tified Check (Payab	ole to The Funeral Ser	vice Institute for Publi	c Policies, Inc.)
Credit Card Type: Visa	MasterCard	_ Discover Ar	merican Express		
Cardholder Name:	<del></del>		<del></del>	<del></del>	
Cardholder Address					
City					
Card #:					
Exp. Date :					
Signatura					