**LOUISIANA-MISSISSIPPI FUNERAL DIRECTORS & MORTICIANS ASSOCIATION**

**JOINT CONVENTION**

**April 8-9, 2024**

**IP CASINO & RESORT HOTEL**

**BILOXI , MS**

**REGISTRATION FORM**

**REGISTRATION MUST BE POSTMARKED BY FRIDAY, MARCH 31, 2024**

**PLEASE PRINT OR TYPE CLEARLY**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FUNERAL HOME NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_\_\_\_**

**MEMBER: \_\_\_\_\_\_\_ NEW MEMBER: \_\_\_\_\_\_ STUDENT/APPRENTICE: \_\_\_\_\_\_ INST: \_\_\_\_\_\_\_**

\*PRE-REGISTRATION: \_\_\_ $180(Member)

\_\_\_ $225(Non Member)

ON-SITE REGISTRATION: \_\_\_\_\_\_\_ $230(Member) \_\_\_\_\_\_\_ $300 (Non Member)

1 DAY EDUCATION PASS: \_\_\_\_\_\_\_ $200(Education Only) \_\_\_\_\_\_ $100.00(Exhibit/ Hall/Awards )

STUDENT/APPRENTICE: \_\_\_\_\_\_\_\_ $50 (w/current id)

***Total Registration: $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Tickets: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**2024 MEMBERSHIP DUES:**

STATE & NATIONAL: \_\_\_\_\_\_\_ $500 (*State $100 & National $400*)

STATE ONLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_$100

***Total Dues: $ \_\_\_\_\_\_\_\_\_\_\_\_***

***TOTAL RECEIVED: $ \_\_\_\_\_\_\_\_\_\_\_\_***

**Return the original copy of the registration to:**

***Make all checks payable to LFD&MA***

**Attn: Evelyn E. Syrie, CFSP**

**P. O. Box 92132**

**Lafayette, LA 70509**

**Jackson, MS 39272 \* (o) 601-376-9437 \* (c) 601-238-2270 \* (f) 601-372-4620**