



July 20-21, 2025 • Edmond Conference Center • Edmond, OK

Registrant Information *(Please Print Clearly)*

Name: _____

Company/Funeral Home: _____

Title/Position: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Registration Type

(Please select one) Before July 1st After July 1st

☐ OKFDA Member \$175.00 \$195.00

☐ Non-Member \$255.00 \$275.00

 Early Bird Deadline: July 1st

 **No refunds after July 1, 2025**

Payment Information

Total Amount Due: \$ _____

☐ Check Enclosed (payable to OKFDA) ☐ Credit Card

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____ Billing Zip Code: _____

Please send Completed Registration Form and Payment to: OKFDA 6801 N. Broadway Ext Suite 212 OKC, OK 73116 or e-mail to info@okfda.com