



MFDA Member CEU Registration Form

Please enroll your firm as a MFDA member that wishes to take advantage of the MFDA Professional Development 2008 Home Study Program: "Funeral Director's Guide to Organ and Tissue Donation and Restoration".

1. Firm Enrollment:

Funeral Establishment: _____

Owner/Manager: _____

Street Address: _____

City/State/Zip: _____

Website: _____

Email: _____

Phone: _____ **Fax:** _____

2. Course Enrollment and Materials Disclosures:

As the owner/manager of the above firm, I understand that this professional development (CEU) program is provided as a benefit of membership in the Massachusetts Funeral Directors Association for licensed employees of my funeral establishment. I confirm that the individuals I am registering below were reported to the Massachusetts State Board of Embalming and Funeral Directing on my June 2007 Annual Report as employees of my firm. I have attached a statement on my Funeral Home letterhead indicating the name, license # and email of any licensee not included on that form on that date. I understand that the Association has the right to withhold the issuance of CEU's at no cost for any individual completing this course that is the owner or employee of a non-member funeral establishment.

As the owner/manager of the above firm, I agree that I am aware of the fact that this material is graphic in nature and is provided for educational training of funeral service and is not to be distributed for review or use by the general public. I also agree that I have advised each licensee associated with my funeral establishment of this fact.

Printed Name of Funeral Home Owner/Manager

Signature of Funeral Home Owner/Manager

Date

3. Employee Enrollment:

As the owner/manager of the above firm I enroll the following employees:

Employee Name	License Number	License Type	Email Address
1.			
2.			
3.			
4.			
5.			
6.			