



## Registrant Information

FIRM NAME	ATTENDEE NAME*		
ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE	FAX		
ATTENDEE E-MAIL	MEMBERSHIP ID# (must be completed to receive CANA member rate)		

\*If you have others from your company registering for this event, please copy this registration form and have each employee fill out his or her own form. Please contact CANA Headquarters at 312.245.1077 or info@cremationassociation.org for details.

## Event of Choice

For an up-to-date listing of CANA's upcoming COCP events, please visit our website at [www.CremationAssociation.org](http://www.CremationAssociation.org)

EVENT LOCATION/CITY/STATE	EVENT DATE
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Please select the appropriate course rate below.

- \$495 CANA Member     
  \$595 Non-Member     
  \$195 Student with valid ID card

*Note: Join CANA now and \$100 will be applied toward your annual membership dues. Download a CANA membership application from the CANA web site, complete it, and return it with this registration form and payment.*

## Payment

- Check made payable to CANA in the Amount of \$\_\_\_\_\_ (USD) is enclosed.  
 Credit Card: \$\_\_\_\_\_ (USD)   
  MasterCard   
  Visa   
  American Express

CREDIT CARD#	EXPIRATION DATE	SECURITY CODE
CARDHOLDER'S NAME		
SIGNATURE		

**Send Payment and Form to:**  
 Checks—mail to CANA, 499 Northgate Parkway, Wheeling, Illinois 60090  
 Credit Cards—mail to above address or fax to 312.321.4098.



**Visit [www.CremationAssociation.org](http://www.CremationAssociation.org) for details.**