



91st ANNUAL MEETING

Wed., Oct. 7 - Sat., Oct. 10, 2009
Hard Rock Hotel, San Diego, CA

MEETING REGISTRATION INSTRUCTIONS

Complete this form if you are registering **two or more people** from your firm for meeting participation. Use the back of this form if you are registering only one person for meeting participation, plus a spouse or one guest, as applicable, who will only be attending meal functions.

Completed form and payment must be received by **Sep. 18, 2009** for advance registration rates. Please retain a copy of this form for your records.

For fastest service, register online and pay with credit card at www.selectedfuneralhomes.org. Follow the links to the 2009 Annual Meeting. Or, if paying by credit card, you may fax this completed form to Selected at 1-847-236-9968.

If paying by check, allow five days minimum for mailing. Mail completed form and payment to: **Selected Independent Funeral Homes**
500 Lake Cook Road, Suite 205
Deerfield, IL 60015

All amounts are shown in U.S. dollars. Cancellation of registration and/or meal packages received prior to Sep. 18 will result in full refund less a service charge of \$100.00. Cancellation received after Sep. 18 will result in refund for registration only (not meals) plus the \$100.00 charge.

HOTEL RESERVATIONS

Must be made directly with hotel by **Sep. 1, 2009**.

Hard Rock Hotel
207 Fifth Avenue
San Diego, CA 92101
1-866-751-7625
Local: 619-702-3000
Fax: 619-702-3007

A special room rate of \$269 per night, and other special rates, are available only to Selected members. To use the special Hard Rock Hotel online reservation site, go to www.selectedfuneralhomes.org, and follow the links to the 2009 Annual Meeting. If making reservations by phone, identify your membership in Selected Independent Funeral Homes.

Rooms are filled on a first-come, first-served basis. Once our room block is filled, we cannot guarantee availability, so members are urged to make reservations as early as possible!

REGISTRATION FORM for MEMBER FIRM with two or more people attending meeting sessions

See instructions at left. If registering only one person for meeting participation, use *Individual Person* form on other side.

MY FIRM IS A NEW MEMBER THIS IS OUR FIRST ANNUAL MEETING

Important! If your firm is a New Member (joined after 9/30/2008), or if this is your firm's first Annual Meeting, please contact Selected Headquarters at 1-800-323-4219 before completing this form.

Complete additional copies of this form, if registering more than three people. Please print or type:

NAME OF FIRM (main location)

POSTAL CODE

REGISTRANT #1

LAST NAME

FIRST NAME

INITIAL

NICKNAME FOR BADGE

MEAL CHOICE (see section below):

CELL PHONE (for on-site, emergency use only)

EMAIL

NEXTGEN PARTICIPANT

PAST PRESIDENT or SPOUSE

PAST SEC'Y-TREAS or SPOUSE

PAST BOARD MEMBER or SPOUSE

FULL MEAL PACKAGE

SESSION MEAL PACKAGE

OPENING RECEPTION ONLY

CLOSING BANQUET ONLY

REGISTRANT #2

LAST NAME

FIRST NAME

INITIAL

NICKNAME FOR BADGE

MEAL CHOICE (see section below):

CELL PHONE (for on-site, emergency use only)

EMAIL

NEXTGEN PARTICIPANT

PAST PRESIDENT or SPOUSE

PAST SEC'Y-TREAS or SPOUSE

PAST BOARD MEMBER or SPOUSE

FULL MEAL PACKAGE

SESSION MEAL PACKAGE

OPENING RECEPTION ONLY

CLOSING BANQUET ONLY

REGISTRANT #3

LAST NAME

FIRST NAME

INITIAL

NICKNAME FOR BADGE

MEAL CHOICE (see section below):

CELL PHONE (for on-site, emergency use only)

EMAIL

NEXTGEN PARTICIPANT

PAST PRESIDENT or SPOUSE

PAST SEC'Y-TREAS or SPOUSE

PAST BOARD MEMBER or SPOUSE

FULL MEAL PACKAGE

SESSION MEAL PACKAGE

OPENING RECEPTION ONLY

CLOSING BANQUET ONLY

MEETING REGISTRATION for two or more people from a firm. Includes admission to all meeting sessions and access to Selected's hospitality area with beverages.

ADVANCE REGISTRATION

LATE REGISTRATION

Enter QUANTITY

Enter AMOUNT

Received by 9/18/09 Received after 9/18/09

\$695.00

\$795.00

1

MEAL OPTIONS: **FULL MEAL PACKAGE: \$595.00 per person.** See other side for details.

Also check appropriate box(es) in above section under meal choice.

SESSION MEAL PACKAGE ONLY: \$260.00 per person. See other side for details. Also check appropriate box(es) in above section under meal choice.

WED. EVENING OPENING RECEPTION ONLY: \$125.00 per person. See other side for details. Also check appropriate box(es) in above section under meal choice.

SAT. EVENING CLOSING BANQUET ONLY: \$245.00 per person. See other side for details. Also check appropriate box(es) in above section under meal choice.

For more information regarding meal options or to indicate special requests or needs, please contact Amy Hunt or Nicole Donatello at Selected Headquarters: 1-800-323-4219 or info@selectedfuneralhomes.org.

TOTAL:

METHOD OF PAYMENT

CHECK payable to Selected Independent Funeral Homes. See mailing instructions at left.

CREDIT CARD: AMERICAN EXPRESS DISCOVER MASTERCARD VISA

CARDHOLDER NAME

CARD NUMBER

EXPIRATION

SIGNATURE



91st ANNUAL MEETING

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Hard Rock Hotel, San Diego, CA

MEETING REGISTRATION INSTRUCTIONS

Complete this form if you are registering as an **individual**. You may include your spouse or one guest, if applicable, who will attend meal functions but not participate in meeting sessions. Use the back of this form if you are registering two or more people for meeting participation.

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Rooms are filled on a first-come, first-served basis. Once our room block is filled, we cannot guarantee availability, so members are urged to make reservations as early as possible!

REGISTRATION FORM for INDIVIDUAL PERSON plus applicable spouse or guest for meals only

See instructions at left. If registering two or more people for meeting participation, use *Firm* registration form on other side.

MY FIRM IS A NEW MEMBER THIS IS OUR FIRST ANNUAL MEETING

Important! If your firm is a New Member (joined after 9/30/2008), or if this is your firm's first Annual Meeting, please contact Selected Headquarters at 1-800-323-4219 before completing this form.

Please print or type:

LAST NAME _____ FIRST NAME _____ INITIAL _____

NICKNAME FOR BADGE _____

NEXTGEN PARTICIPANT PAST PRESIDENT PAST SECRETARY-TREASURER PAST BOARD MEMBER

EMAIL _____

CELL PHONE (for on-site, emergency use only) _____

SPOUSE/GUEST NAME FOR BADGE (meals only) _____ NEXTGEN PARTICIPANT

NAME OF FIRM (main location) _____ POSTAL CODE _____

	ADVANCE REGISTRATION	LATE REGISTRATION	Enter QUANTITY	Enter AMOUNT
MEETING REGISTRATION for one individual only. Includes admission to all meeting sessions and access to Selected's hospitality area with beverages.	Received by 9/18/09 \$495.00	Received after 9/18/09 \$595.00	Check box: <input type="checkbox"/> 1	

MEAL OPTIONS: FULL MEAL PACKAGE: \$595.00 per person. Includes one Wed. evening Opening Reception (two drink tickets and several food stations), three luncheons (Thu./Fri./Sat.), one Fri. morning breakfast buffet and Sat. evening Closing Banquet including two drink tickets. Please indicate spouse/guest name above, if purchasing two full meal packages.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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SESSION MEAL PACKAGE ONLY: \$260.00 per person. Includes three luncheons (Thu./Fri./ Sat.) and one Fri. morning breakfast buffet. If purchasing this option for spouse/guest, please indicate person's name above.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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WEDNESDAY EVENING OPENING RECEPTION ONLY: \$125.00 per person. Includes two drink tickets and several food stations. If purchasing this option for spouse/guest, please indicate person's name above.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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SATURDAY EVENING CLOSING BANQUET ONLY: \$245.00 per person. Includes two drink tickets. If purchasing this option for spouse/guest, please indicate person's name above.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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For more information regarding meal options or to indicate special requests or needs, please contact Amy Hunt or Nicole Donatello at Selected Headquarters: 1-800-323-4219 or info@selectedfuneralhomes.org.

TOTAL: _____

METHOD OF PAYMENT

CHECK payable to Selected Independent Funeral Homes. See mailing instructions at left.

CREDIT CARD: AMERICAN EXPRESS DISCOVER MASTERCARD VISA

CARDHOLDER NAME _____

CARD NUMBER _____ EXPIRATION _____

SIGNATURE _____