

CINCINNATI COLLEGE OF MORTUARY SCIENCE & ICCFA present  
**CREMATORY OPERATOR CERTIFICATION PROGRAM**  
At Cincinnati College of Mortuary Science  
**February 21 2019 8:30AM - 5:00PM**

**Mail to:**  
Cincinnati College of Mortuary Science  
Attn: Beth Williams  
645 W. North Bend Rd.  
Cincinnati, Ohio 45224

**Email to:**  
coned@ccms.edu

**Fax to:**  
(513) 761-3333 Beth Williams

**Registrant Information**

Attendee #1 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ State(s) of licensure \_\_\_\_\_

Attendee #2 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ State(s) of licensure \_\_\_\_\_

Attendee #3 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ State(s) of licensure \_\_\_\_\_

Attendee #4 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ State(s) of licensure \_\_\_\_\_

**Total Registrants** \_\_\_\_\_ @ \$395.00 = \$ \_\_\_\_\_

*(Ohio approved Crematory Operator program, Ohio approved 7 CEU's with 2-hour Ohio specific cremation law requirement for Crematory Permit holders, 7 CEU'S / CFSP hours pending approval in most states, APFSP approved)*

**PAYMENT INFORMATION**

**TOTAL REMITTANCE \$ \_\_\_\_\_**

**CHECK** Payable to: CCMS, 645 W. North Bend Rd. Cinti., OH 45224

**CREDIT** Fax or email payment to: (513) 761-3333 or coned@ccms.edu

Select Card Type:

Visa Card # \_\_\_\_\_

MC Exp. Date \_\_\_\_\_ 3-digit code \_\_\_\_\_ Billing Zip \_\_\_\_\_

Disc Signature \_\_\_\_\_

AmEx Email receipt to: \_\_\_\_\_