

Register online <https://www.ccms.edu/events/> or submit this form by February 18th.

**PLANNING & CONDUCTING STATE AND NOTABLE FUNERALS**  
with Bob Boetticher  
at Cincinnati College of Mortuary Science  
**February 20 2019 11:00 - 1:00PM or 4:00 – 6:00PM**  
*(Ohio approved 2 CEU's, APFSP approved)*

**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

Total Registrants \_\_\_\_ @ \$49<sup>00</sup> = \$ \_\_\_\_\_ Preferred Presentation Time \_\_\_\_ 11am \_\_\_\_ 4pm

**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 \_\_\_\_\_

**PAYMENT INFORMATION**

\$ \_\_\_\_\_ **TOTAL REMITTANCE** Notes: \_\_\_\_\_

**CHECK** [Payable to: CCMS Attn: Con.Ed.Dir., 645 W. North Bend Rd. Cinti., OH 45224](#)

**CREDIT** [Fax or email payment to: \(513\) 761-3333 Attn: Con Ed. Dir. or coned@ccms.edu](#)

Select Card Cardholder Name \_\_\_\_\_

Type: Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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