

The Funeral Service Institute for Public Policies, Inc.

In partnership with

*The National Funeral Directors & Morticians Association, Inc.
an International Association*

National Board Exam Review Course REGISTRATION

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

PHONE # _____

EMAIL _____

FIRM NAME _____

IS THE FIRM AN NFD&MA MEMBER? ____ Yes ____ No

MORTUARY SCHOOL ATTENDED _____

GRADUATION DATE _____

HOW MANY TIMES HAVE YOU TAKEN THE NBE? ____ A ____ S

DATE LAST TAKEN? ____ A ____ S

ARE YOU A STUDENT/APPRENTICE OR LICENSED MEMBER OF
NFD&MA? _____

SELECT DESIRED COURSE DATES (please circle):

SCIENCE: January 14 – 19, 2024 May 5 – 10, 2024 September 8 – 13, 2024

ARTS: January 28 – February 2, 2024 May 19 – 24, 2024 September 22 – 27, 2024

****Please note, all payments are due by 5 p.m. on the Wednesday **BEFORE** the class start date****

Email registration form and payment to: educationinstitute@foundation@gmail.com or

Fax registration form and payment to: (770) 969-0505 or

Mail registration form and payment to: The Funeral Service Institute for Public Policies, Inc.

6290 Shannon Parkway

Union City, GA 30291

PAYMENT METHOD:

_____ Check/Money Order/Cashier's Check/Certified Check (Payable to The Funeral Service Institute for Public Policies, Inc.)

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ American Express ___ Other

Name on Card _____

Cardholder Address _____

City _____ **State** _____ **Zip** _____

Card #: _____

Exp. Date _____ **CVC Code** _____

Signature _____