



CHAIN OF CUSTODY



REDUCING LEGAL RISK



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Registrant Information			
ATTENDEE E-MAIL (Required. Please—no general company e-mail addresses!)	ATTENDEE NAME*		
FIRM NAME	MEMBERSHIP ID# (must be completed to receive CANA member rate)		
ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE	FAX		
*If you have others from your company registering for this even CANA Headquarters at 312.245.1077 or info@cremationassocia		tion form and have each employee fill o	ut his or her own form. Please contact
Event of Choice			
☐ Online CPCO class			
Please select the appropriate course rate below.			
☐ \$495 CANA/IAOPCC Member ☐ \$595 Non-M	ember		
Payment			
☐ Check made payable to CANA in the Amount	of \$ (USD)	is enclosed	
☐ Credit Card: \$(USD) ☐ MasterC		☐ American Express	
CREDIT CARD#		EXPIRATION DATE	SECURITY CODE
CARDUO DEDICALAME			
CARDHOLDER'S NAME			
SIGNATURE			

Send Payment and Form to:

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