

THE OUTLOOK GROUP, INC.

Funeral Service Solutions

THE ACADEMY OF ADVANCE FUNERAL PLANNING REGISTRATION FORM - 2008

Please fill out the following form and return it via email, fax or mail to Attention of Temeika Love @ the Outlook Group's home office. Upon receiving this completed form and the required course tuition, you are officially registered.

- Outlook Employee Advantage Program
 Outlook Affiliate Outside Purchaser

Date: _____

COURSE DATES ATTENDING

Financial Aspects October 28-29

ABOUT ME

Name: _____ Funeral Home/Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

I Have My Insurance License: Yes No

I Have Previous Funeral Experience: Yes No

If Yes Please Explain: _____

Upon returning from training, I will be using the following lead sources:

- Direct Mail Funeral Home Files Community Presentations / Expos
 Family Service Follow-Up Walk In / Call In / Medicaid
 Other:

If applicable, my funeral home uses: Assurance I Assurance II Other

TRAVEL & HOTEL ACCOMMODATIONS

- Driving Flying
 Need Ground Transportation From/To Dayton, OH International Airport
 Renting Car

Hotel: Yes No Non Smoking Smoking

Special accommodations needed (please explain): _____

PAYMENT METHOD

MasterCard / Visa:

Credit Card Holder's Name: _____ Credit Card Holder's Zip Code: _____

Credit Card Number: _____ Expiration Date: _____ Pin/Security #: _____

Check Money Order