2026 Pursuit of Excellence Registration Form – page 1 of 2

All Pursuit of Excellence program participants must complete and submit this registration form, along with payment, by July 15, 2025.

Firm name (main location):_____

NFDA member number:_____

Address:_____

City, State/Province, Postal Code: _____

Country: _____

Pursuit of Excellence Contact (funeral home staff member NFDA can contact regarding your entry):_____

_____

Contact Phone (include area code/international dialing codes): _____

Contact Email:_____

Referred to program by:_____

Participation Fee – Required

A. Main Location Fee: $325 (U.S. dollars)

Save! Register during the 2025 NFDA Virtual International Convention & Expo (October 26-29, 2025) and the main location fee is $300 (U.S. Dollars)

B. Branch Location Fee: $100 per location (list each branch's information on the next page)
Number of branch locations: _____ x $100 (U.S. Dollars) = $_____

Reminder: Only registered branch locations are entitled to call themselves Pursuit of Excellence Award Recipients. If you do not register all branch locations in your business, you cannot rightfully claim that your entire business has earned the award.
See page 3.

Total Due to NFDA (A+B): $_____ (U.S. dollars)

Method of Payment

❏ Check payable to NFDA (U.S. dollars drawn on U.S. bank only).

❏ MasterCard ❏ Visa ❏ Discover ❏ American Express

Card number:_____

Expiration date:_____ CVV_____

Name on card (please print):_____

Cardholder Signature:_____

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Branch Locations (use additional sheet(s) if necessary):

Branch name as it should appear in press release, etc.:_____

Address:_____

City: State/Province:_____ ZIP/Postal Code: _____

Branch name as it should appear in press release, etc.:_____

Address:_____

City: State/Province:_____ ZIP/Postal Code: _____

Branch name as it should appear in press release, etc.:_____

Address:_____

City: State/Province:_____ ZIP/Postal Code: _____

Branch name as it should appear in press release, etc.:_____

Address:_____

City: State/Province:_____ ZIP/Postal Code: _____

Branch name as it should appear in press release, etc.:_____

Address:_____

City: State/Province:_____ ZIP/Postal Code: _____

Submit this registration form to NFDA

- By mail: NFDA
  Attention: Pursuit of Excellence
  13625 Bishops Drive
  Brookfield, WI 53005
  USA

- Phone: Call your NFDA member services representative at 262-789-1880 to pay with a credit card by phone.