

WISCONSIN FUNERAL DIRECTORS ASSOCIATION 2021 FALL CONFERENCE

OCTOBER 26 – 27, 2021 | CHULA VISTA RESORT | WISCONSIN DELLS

EVENT SCHEDULE **EARN 12 CEUS**

Schedule subject to change. Please visit wfda.info/fall2021 for the latest updates

TUESDAY, OCTOBER 26

- 9:00 - 9:30 AM** Check in/On-site Registration
- 9:30 - 10:30 AM** OSHA | Marc Arnold/ Michael Sharkey, Esq. | 1 CEU Cat 4
- 10:30 - 10:45 AM** BREAK
- 10:45 - 11:45 AM** Your Facility is an Extension of Your Business Brand | FFH design | 1 CEU Cat 3
- 11:45 AM - 12:15 PM** LUNCH | Provided
- 12:15 PM - 1:15 PM** The State Veteran Cemeteries & the Military Funeral Honors Program | 1 CEU Cat 1
- 1:15 - 1:30 PM** BREAK
- 1:30 - 4:30 PM** Ethics | Michael Sharkey, Esq. | 3 CEU Cat 2.
- 4:30 - 4:45 PM** BREAK
- 4:45 - 5:45 PM** A Day in the Life of a Funeral Director, Happy Hour | 1 CEU Cat 1

WEDNESDAY, OCTOBER 27

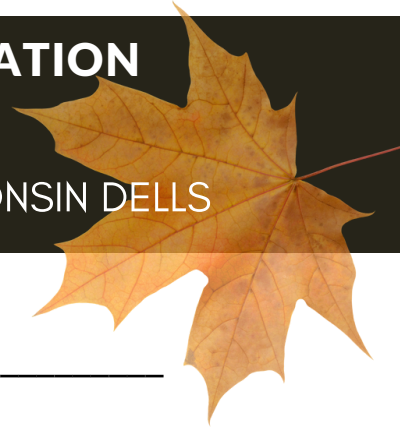
- 8:00 - 9:00 AM** On-site Registration
BREAKFAST | Provided
- 9:00 - 10:00 AM** Effectively Managing Stress and Avoiding Burnout | NFDA | 1CEU Cat 1
- 10:00 - 11:00 AM** Covid Task Force/State Emergency Management | 1 CEU Cat 4.
- 11:00 - 11:15 AM** BREAK
- 11:15 AM - 12:15 PM** WFDA Update/ Redistricting | WFDA President, James Wolfe | 1 CEU Cat 3
LUNCH | Provided
- 12:15 - 12:30 PM** BREAK
- 12:30 - 1:30 PM** Whole Body Donation for Medical Education and What to Expect When Working with Donors
UW Body Donor Program | 1 CEU Cat 4
- 1:30 - 2:30 PM** WFCAP Update | WI Department of Health Services | 1 CEU Cat 3

CEU INFORMATION

- Credits are approved by the State of Wisconsin and The Office of the Commissioner of Insurance.
- Credits are in the process of being approved by Iowa, Illinois, and Minnesota.

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Full Name: _____

Organization: _____

Address: _____

Email: _____

Phone Number: _____

National Producer Number (if applicable): _____

Additional Registrants - Full Name & Email

REGISTRATION SELECTIONS

Insert # of attendees for each option

- ____ WFDA Member - \$150
- ____ Nonmember - \$300

OSHA ONLY

- ____ WFDA Member - \$50
- ____ Nonmember - \$100

Total: \$ _____

Payment Information: ____ CC ____ Check

OR Register online at wfda.info

Name on Credit Card: _____

Billing Address: _____

CC #: _____

EXP: ____/____ CVC: _____

Mail Registration to:

WFDA

**5329 Fayette Ave
Madison, WI 53713**

or

Email to:

office@wfda.info

Fax to:

(608) 646-7631