



**Dinner Workshop**  
 Wednesday, May 8, 2018  
 6:00 p.m. No Host Bar  
 7:00 p.m. Buffet Dinner

STEVEN'S STEAK & SEAFOOD HOUSE  
 5332 Stevens Place  
 City of Commerce, 90040

**Grief, and the Value of Ceremony**

*Presented by: Angelique Simpson*

Matthews Aurora Funeral Solutions

Professional Development Director - West

Angelique is a much sought-after speaker, trainer and personal development coach for individuals, teams and corporations. After 25 years as an independent speaker, she has joined forces with Matthews Aurora Funeral Solutions where she heads up Professional Development for the West. Angelique brings a positive energy and a true passion to everything she does. Angelique is a UCLA graduate and resides locally with her husband of and their daughter.



**Grief, and the Value of Ceremony**

*Our industry gets to deal with people when they are often, at their worst. Our challenge as an industry is how do we engage in meaningful conversations about honoring and celebrating a life when the families are mired with grief? Tonight's discussion will break down the grieving process and focus in on the "Acute Loss Period" those critical 10-14 days following a death. Together we will discuss why it is imperative that today's funeral service professionals not only understand how grief plays a role in the decision making, and learn how to navigate this difficult time to help families see the value of ceremony and its role in helping families move towards their new normal. No one wants to die, but everyone wants to be remembered.*

PLEASE COMPLETE THE REGISTRATION FORM AND RETURN IT BY E-MAIL, FAX OR MAIL. (Deadline to register is Friday, May 3)

Company/School \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**REGISTRATION FEES**

1. LACFDA MEMBER  
\$45.00 PER ATTENDEE
2. LACFDA PROSPECTIVE MEMBER  
\$55.00 PER ATTENDEE
3. STUDENT RATE  
\$30.00 PER STUDENT  
Must be currently enrolled in Cypress College – Mortuary Science School.

ATTENDEE NAME(S) AND REGISTRATION FEE(S)  
 (Please circle your attendance activities as listed below)

NAME \_\_\_\_\_

1 2 3 Amount Due \$ \_\_\_\_\_

NAME \_\_\_\_\_

1 2 3 Amount Due \$ \_\_\_\_\_

NAME \_\_\_\_\_

1 2 3 Amount Due \$ \_\_\_\_\_

NAME \_\_\_\_\_

1 2 3 Amount Due \$ \_\_\_\_\_

By Mail: 6475 E. Pacific Coast Hwy. #340  
 Long Beach, CA 90803

By E-mail: kmtlacfda@msn.com

By Fax: 888-778-0951

Questions: 562-799-8499 or kmtlacfda@msn.com

PLEASE MAKE CHECKS PAYABLE TO LACFDA

Paying with Credit Card: Please circle –  
 Visa MasterCard AmEx

Name of Cardholder: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_