



Dinner Workshop
 Wednesday, May 8, 2019
 6:00 p.m. No Host Cocktail Hour
 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 –
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Name of Cardholder: _____

Cardholder: _____

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Billing Zip Code: _____