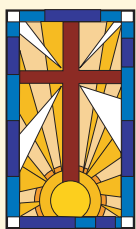


*Blessed are they
who mourn, for they
shall be comforted.*

—Matthew 5:3-12



CATHOLIC
CEMETERY
CONFERENCE

2011 MEMBER & RESOURCE DIRECTORY

Member Information Revisions



Great care has been taken to ensure that the information in this Membership Directory is up to date. If you find that any of the information contained here is inaccurate, please let us know. We will correct our records so that next year's Directory is accurate. NOTE: If you joined or changed your membership data after February 28, 2011, the information included in this directory may need to be updated. Please check your listing.

My information in the 2011 Membership and Resource Directory needs revision. Please update your records to reflect the following:

Name _____

Title _____

Cemetery/Diocese/Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Website _____

If other changes occur during the year, please notify CCC immediately.

Comments

Meeting the expectations of our members is our number one goal. In order to ensure that this Directory meets your needs, please offer suggestions or comments about how we could improve next year's Directory to better serve you:

Please return this completed form to:

Membership Office

Catholic Cemetery Conference

1400 S. Wolf Road, Building 3

Hillside, IL 60162

P: 888/850-8131 or 708/202-1242

F: 708/202-1255

Supplier Member Information Revisions



Great care has been taken to ensure that the information in this Membership Directory is up to date. If you find that any of the information contained here is inaccurate, please let us know. We will correct our records so that next year's Directory is accurate. NOTE: If you joined or changed your membership data after February 28, 2011, the information included in this directory may need to be updated. Please check your listing.

My information in the 2011 Membership and Resource Directory needs revision. Please update your records to reflect the following:

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

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