

FRI 2009 Registration Form

Complete one form per registrant. Please make additional copies of the form for multiple registrants. This form must be completed in its entirety for your registration to be processed in a timely manner.

1. REGISTRATION INFORMATION: (Required)

Name _____ IAFC Member Number _____

Title _____

Rank (Please choose one from the list of options below.):

- (a) Fire Chief (b) Chief Officer (c) Company Officer (Fire Officer)
 (d) Staff Officer (e) Firefighter (f) Firefighter/Paramedic
 (g) EMS Officer (h) Emergency Management (i) Other _____

Organization _____

Address (Is this address: Home Department) _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

E-mail (Please complete to receive your confirmation and conference updates.) _____

2. REGISTRATION:

A. FEE	Before/On 7/17 Member/Non	After 7/17 Member/Non	Onsite Member/Non
Full-Conference Registration	<input type="checkbox"/> \$425/\$575	<input type="checkbox"/> \$525/\$625	<input type="checkbox"/> \$550/\$650
Full-Conference Life Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325
COLS Level 1	<input type="checkbox"/> \$395/\$475	<input type="checkbox"/> \$495/\$575	<input type="checkbox"/> \$525/\$600
COLS Level 2	<input type="checkbox"/> \$395/\$475	<input type="checkbox"/> \$495/\$575	<input type="checkbox"/> \$525/\$600
COLS Level 3	<input type="checkbox"/> \$395/\$475	<input type="checkbox"/> \$495/\$575	<input type="checkbox"/> \$525/\$600
Expo Registration	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
Apparatus Maintenance Workshop*	<input type="checkbox"/> \$205/\$235	<input type="checkbox"/> \$235/\$265	<input type="checkbox"/> \$235/\$265
Partner Program Registration*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225

*Please give full name of the partner being registered - First Name: _____ Last Name: _____

EDUCATION SEMINARS

Please indicate the educational workshops/sessions you will be attending below.

	Before 7/17/09	After 7/17/09		Before 7/17/09	After 7/17/09		Before 7/17/09	After 7/17/09		
SE01	\$225	\$250		SE14	\$225	\$250		SE35	\$225	\$250
SE02	\$50	\$50		SE16	\$325	\$375		SE36	\$225	\$250
SE03	\$225	\$250		SE17	\$325	\$375		SE37	\$350	\$400
SE04	\$225	\$250		SE18	\$545	\$595		SE38	\$225	\$250
SE05	\$225	\$250		SE19	\$325	\$375		SE41	\$325	\$375
SE06	\$225	\$250		SE20	\$325	\$375		SE42	\$325	\$375
SE10	\$125	\$150		SE31	\$225	\$250		SE51	FREE	FREE
SE11	\$225	\$250		SE32	\$225	\$250		SE52	\$350	\$400
SE12	\$225	\$250		SE34	\$225	\$250		SE53	\$225	\$250
SE13	\$225	\$250								

*Apparatus Maintenance Workshop A1 A2 A3

C. CONFERENCE SESSIONS (Fees for these sessions are included in your full-conference registration fee.)

8/27/2009	WK01	WK02	WK03	WK04	WK05	WK06	WK21
	WK22	WK23	WK24	WK25	WK26	WK27	WK28
	WK29	WK30	WK31	WK32	WK35	WK41	WK42
	WK43	WK44	WK45	WK46	WK47	WK48	WK49
8/28/2009	WK61	WK62	WK63	WK64	WK65	WK66	WK67
	WK74	WK80	WK81	WK82	WK83	WK84	WK85
	WK86	WK87	WK88	WK89			
8/29/2009	WK300	WK301	WK302	WK303	WK304	WK305	WK306
	WK307	WK308	WK321	WK322	WK323	WK324	WK325
	WK326	WK335	WK336	WK337	WK338		

D. NETWORKING EVENTS

	Qty	Total
Street Party (E10)		\$10
Fit to Fight 5k (E13) Onsite \$25		\$20
Native American Chief Officers Luncheon (E15)		\$25
Hispanic Chief Officers Luncheon (E16)		\$25
Women Chief Officers Luncheon (E17)		\$25
Black Chief Officers Luncheon (E18)		\$25
Presidential Celebration (E20) Onsite \$85		\$75

For up-to-date conference information visit www.iafc.org/fri

Total Registration Due:

\$ _____
(Total sum of Sections A, B, and D in U.S. Dollars)

3. DEMOGRAPHIC QUESTIONS: (Required)

To help us better serve you, please answer the following:

- Are you (a) Volunteer (b) Career
- Type of department
 (a) volunteer (b) career (c) combination (d) tribal
 (e) airport (f) industrial (g) military (h) other
- Size of population served
 (a) 0-9,999 (b) 10,000-49,999 (c) 50,000-99,999
 (d) 100,000 -199,999 (e) 200,000 and up
- Number of Members in your Department
 (a) 10-50 (b) 51-100 (c) 101-400
 (d) 401 and up
- What is your purchasing responsibility?
 (a) final decision maker (b) significant influence
 (c) recommend (d) research/specify
- Is this your first time attending the conference?
 (a) Yes (b) No, I have attended for the past _____ years.

4. PAYMENT INFORMATION:

(Registration form must accompany payment to be processed.)

- Check Enclosed (Please make checks payable to "IAFC," in US. funds.)
 Purchase Order # _____
 (Copy of PO or form must be provided to process registration.)
 Credit Card AMEX VISA MasterCard Discover

Card # (with CSV code) _____ Expiration Date (Must be after 9/09) _____

Name as it appears on card _____

Signature _____

5. HOW TO REGISTER:

Online: www.iafc.org/fri

Fax: 703/631-1167

By Mail: IAFC Registration Center
c/o J. Spargo and Associates
11208 Waples Mill Rd, Suite 112
Fairfax, VA 22030

Questions: 800/934-1957 or 703/449-6418



All IAFC programs are accessible to persons with disabilities. If you require special accommodations or auxiliary aids, please notify us of your needs in advance by calling 800/934-1957, 703/449-6418, or e-mail iafcregistration@jspargo.com.