



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 to process form)

Name _____ IAFC Member Number _____

Title _____

Rank (Please choose from the list of options below.):
 (a) Fire Chief (b) Chief Officer (c) Company Officer
 (d) Staff Officer (e) Firefighter (f) Firefighter/Paramedic
 (g) EMS Officer (h) Emergency Management (i) Other _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail (Please complete to receive your confirmation and conference updates.)
 This address is Home Department

2. REGISTRATION AND EDUCATIONAL SESSIONS FEES:

Please indicate the educational sessions you will be attending by checking the box to the right of the corresponding number. For up-to-date conference information visit www.iafc.org/frm.

A. PRE-CONFERENCE Please select the pre-conference sessions you plan to attend.

			Before 4/10/09	After 4/10/09
Saturday, May 2	8:30 am - 4:30 pm (2-Day)	P1	\$225	\$265
	8:30 am - 4:30 pm (2-Day)	P2	\$225	\$265
	8:30 am - 4:30 pm (2-Day)	P3	\$300	\$340
	12:30 pm - 4:30 pm	P4	\$85	\$125
	12:30 pm - 4:30 pm	P5	\$85	\$125
Sunday, May 3	12:30 pm - 4:30 pm	P6	\$85	\$125
	12:30 pm - 4:30 pm	P7	\$85	\$125

B. CONFERENCE Before 4/10/09 After 4/10/09

IAFC Member \$365 \$445
 Non IAFC Member \$395 \$495

Monday, May 4	10:30 am - Noon	101	102	103	104	105	106
	1:30 pm - 3:00 pm	201	202	203	204	205	206
Tuesday, May 5	10:30 am - Noon	301	302	303	304	305	306
	1:30 pm - 3:00 pm	401	402	403	404	405	406

C. LUNCH WITH DR. HENRY C. LEE \$45 Wed May 6, 12:00 pm - 1:30 pm

CEUs Available: Please Complete the Following:

Level of Certification: Select one	EMT- Basic	EMT- Intermediate	EMT- Paramedic
Expiration Date on Certification:			
License or Certification Number:			
National Registry Number:			
National Registry Renewal Date:			
Certifying State:			

Scan cards will be given to all attendees seeking CECBEMS CEUs.

Total Registration Due (in U.S. Dollars): \$ _____

(Total sum of Sections A + B + C)

4. DEMOGRAPHIC QUESTIONS: (Required to complete form.)

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

- 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
- What is your purchasing responsibility?
 (a) Final Decision Maker (b) Significant Influence
 (c) Recommend (d) Research/Specify (e) None
- Is this your first time attending the conference?
 (a) Yes (b) No-I've attended for the past _____ years

5. PAYMENT INFORMATION:

(Registration form must accompany payment to be processed.)

- Check Enclosed (Please make check payable to "IAFC," in U.S. funds.)
- Purchase Order # _____
 (Copy of PO or form must be provided to process registration)
- Credit Card AMEX VISA MasterCard Discover
 (If you are registering as a government employee, your credit card must have expiration date after 5/09 and your credit card will be charged three weeks prior to the conference)

Card # _____ Expiration Date (must be after 5/08)

Name as it appears on card _____

Signature _____

6. HOW TO REGISTER:

Online: www.iafc.org/frm
 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 cancellations will be subject to a \$50 administrative fee. Cancellations must be sent in writing to IAFC's Registration Center via fax or e-mail by 4/10/09.



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.



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