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Please complete this form in its entirety for your registration to be processed in a timely manner.

**REGISTRATION INFORMATION \*ALL FIELDS REQUIRED**

Name \_\_\_\_\_

Title \_\_\_\_\_

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

- Fire Chief       Chief Officer       Company Officer       Staff Officer       Firefighter  
 Firefighter/Paramedic       EMS Officer       Emergency Management       Other \_\_\_\_\_

Organization \_\_\_\_\_

Address This address is:     Home     Department

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

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**REGISTRATION FEES: (please circle applicable fee)**

	Before Oct. 9	On or After Oct. 9
Full Conference (4 Days)		
IAFC + VCOS Section Member	\$375	\$495
IAFC Member	\$400	\$520
Non IAFC Member	\$505	\$615

**Total Registration Due (in U.S. Dollars):**

\$ \_\_\_\_\_

**IAFC Member #** \_\_\_\_\_

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

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

1. Are you  volunteer  career  paid on call

2. Type of department

- volunteer     career     combination     tribal  
 airport     industrial     military     other

3. Size of population served

- 0-9,999     10,000-49,999     50,000-99,999  
 100,000 -199,999     200,000 and up

4. What is your purchasing responsibility?

- final decision maker     significant influence  
 recommend     research/specify  
 none

5. Is this your first time attending the conference?

- Yes     No, I have attended for the past \_\_\_\_\_ years.

6. Are you a Federal Government employee?

- Yes     No    If yes, list agency \_\_\_\_\_

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**PAYMENT INFORMATION**

Check Enclosed (Please make check payable to "IAFC," in U.S. funds. Payment should be received by 11/1/19.)

Purchase Order # or Form DD 1556#

(Copy of PO or Form must be provided to process registration. Payment should be received by 11/1/19.)

Credit Card                       AMEX                       VISA                       MasterCard

Card # \_\_\_\_\_ Expiration Date (after 12/19) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

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**HOW TO REGISTER:**

**Online:** www.iafc.org/VCOSsymposium    **Mail:** IAFC c/o Experient, Inc., 5202 Presidents Court, Suite 310 • Frederick MD, 21703

**Fax:** 301-694-5124    **Questions:** Phone: (Domestic) 800-310-7554 or (International) 240-439-2554    Email: VCOS@experient-inc.com



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 866-289-2386.

**Cancellation/Substitution Policy:**

All cancellations will be subject to a \$75 administrative fee. Cancellations must be sent in writing to the registration Center via e-mail to VCOS@experient-inc.com by October 9, 2019. Telephone cancellations will not be accepted. After October 9, 2019, substitutions will be allowed in the event the registrant is unable to attend, but no refunds will be issued. Telephone substitutions will be permitted.