



## 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 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](http://www.iafc.org/frm).

#### A. PRE-CONFERENCE

Please select the pre-conference sessions you plan to attend

			BEFORE 4/9/10	AFTER 4/9/10
Friday, April 30	8:00 am - 4:30 pm	EMS Instructor Symposium		FREE
Saturday, May 1	8:30 am - 4:30 pm	P1	\$120	\$160
	8:30 am - 4:30 pm (2-Day)	P2	\$225	\$265
	8:30 am - 4:30 pm	P3	\$150	\$165
	12:30 pm - 4:30 pm	P4	\$85	\$125
Sunday, May 2	12:30 pm - 4:30 pm	P5	\$85	\$125
	8:30 am - 4:30 pm	P6	\$120	\$160
	8:30 am - 4:30 pm	P7	\$150	\$165
	12:30 pm - 4:30 pm	P8	\$85	\$125

#### B. CONFERENCE

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

Monday, May 3	10:30 am - Noon	101	102	103	104
	1:30 pm - 3:00 pm	201	202	203	204
Tuesday, May 4	10:30 am - Noon	301	302	303	304
	1:30 pm - 3:00 pm	401	402	403	404
Wednesday, May 5	7:00 am - 8:15am	Sunrise Session			

### C. LUNCH WITH JOHN GIDUCK \$45 Wed., May 5, 12:00 pm - 1:30 pm

CEUs Available: Please Complete the Following:

Level of Certification:	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.

### D. ONE DAY REGISTRATION \$100 Wed., May 5, 7:00 am - 1:30 pm

\$125 Wed., May 5, 7:00 am - 1:30 pm (Includes Giduck's book.)

Total Registration Due (in U.S. Dollars): \$ \_\_\_\_\_  
 (Total sum of Sections A + B + C+D)

### 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 5/10 and your credit card will be charged three weeks prior to the conference)

Card # \_\_\_\_\_ Expiration Date (must be after 5/10) \_\_\_\_\_

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

Signature \_\_\_\_\_

### 6. HOW TO REGISTER:

Online: [www.iafc.org/frm](http://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 4/9/10.



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](mailto:iafcregistration@jspargo.com).