



REGISTRATION FORM

Complete one form per registrant, partner or spouse. Please make additional copies of the form for multiple registrants.

1. REGISTRATION INFORMATION: (Required)

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 _____ Country _____

Phone _____ Fax _____

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

2. REGISTRATION:

A. FEES

Please check applicable fee:

Full-Conference Registration	<input type="checkbox"/> \$395/ <input type="checkbox"/> \$525	<input type="checkbox"/> \$495/ <input type="checkbox"/> \$595
Full-Conference Life Member	<input type="checkbox"/> \$255	<input type="checkbox"/> \$295
Spouse/Partners Registration	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Expo Registration	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
Apparatus Maintenance Workshop	<input type="checkbox"/> \$205/ <input type="checkbox"/> \$235	<input type="checkbox"/> \$235/ <input type="checkbox"/> \$265

Please indicate the educational workshops/sessions you will be attending by checking the box to the right of the corresponding number and/or fee if applicable.

B. PRE-CONFERENCE WORKSHOPS

	Before 8/1/06	After 8/1/06		
P1	\$325	\$350		
P2	\$155	\$185		
P6	\$275	\$300		
P7	\$275	\$300		
P8	\$275	\$300		
P9	\$275	\$300		
P10	\$155	\$185		
P11	\$155	\$185		
			Before 8/1/06	After 8/1/06
P15	FREE	FREE		
P16	FREE	FREE		
P17	\$155	\$185		
P18	FREE	FREE		

C. CFAI PRE-CONFERENCE WORKSHOPS

	Before 8/1/06	After 8/1/06
P3	\$325	\$350
P4	\$325	\$350
P5	\$35	\$50
P12	\$325	\$350
P13	\$325	\$350
P14	\$325	\$350

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

Session	Time	101	102	103	104	105	106	107	108
9/14/06	9:45 am - 11:15 am								
	1:30 pm - 3:00 pm	201	202	203	204	205	206	207	
	3:30 pm - 5:00 pm	301	302	303	304	305	306	307	
9/15/06	7:00 am - 8:15 am	401	402	403	404	405	406	407	
	3:00 pm - 4:30 pm	501	502	503	504	505	506	507	508
9/16/06	7:30 am - 8:45 am	601	602	603	604	605	606	607	
	9:00 am - 10:30 am	701	702	703	704	705	706	707	708

E. NETWORKING EVENTS

	Qty	Total
*Additional Presidential Celebration Ticket		\$75
Native American Chief Officers Breakfast		\$10
Hispanic Chief Officers Luncheon		\$10
Women Chief Officers Breakfast		\$10
Black Chief Officers Luncheon		\$10

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

\$ _____

(Total sum of Sections A, B, C and E)

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

*Onsite price \$85

3. DEMOGRAPHIC QUESTIONS: (Required)

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

1. Type of department

(a) Volunteer (b) Career (c) Combination (d) Tribal

(e) Airport (f) Industrial (g) Military (h) Other _____

2. 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

3. What is your purchasing responsibility?

(a) Final Decision Maker (b) Significant Influence

(c) Recommend (d) Research/Specify

4. Is this your first time attending the conference?

(a) Yes (b) No-I've 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 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 will be charged three weeks prior to the conference.)

Card # _____ Expiration Date (must be after 9/06) _____

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
11212 Waples Mill Rd, Suite 104
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 9/1/06.



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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NONPROFIT ORG.
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PAID
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GREENFIELD, OHIO

VIP CODE: FRI118