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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.) _____

2

REGISTRATION FEES: (please circle applicable fee)

Full Conference (2 Days)	
IAFC + VCOS Section Member	\$365
IAFC Member	\$415
Non IAFC Member	\$465

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 11/1/16.)
 Purchase Order # or Form DD 1556#
 (Copy of PO or Form must be provided to process registration. Payment should be received by 11/1/16.)
 Credit Card AMEX VISA MasterCard

Card # _____ Expiration Date (after 12/16) _____

Name as it appears on card _____

Signature _____

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HOW TO REGISTER:

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

Fax: 301-694-5124 **Questions:** (Domestic) 800-310-7554 or (International) 240-439-2554 **Mail:** VCOSwest@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 VCOSwest@experient-inc.com by March 22, 2017. Telephone cancellations will not be accepted. After March 22, 2017, substitutions will be allowed in the event the registrant is unable to attend, but no refunds will be issued. Telephone substitutions will be permitted.