

## Registration

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### Online Registration

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**Fax:** Send completed registration form (pdf) to 703-631-1167  
To register by fax, payment must be made by credit card.

**Mail:** Complete and return the registration form (pdf) with payment to:  
IAFC Registration and Housing Center  
11208 Waples Mill Road,  
Suite 112  
Fairfax, VA 22030

- Complete 1 form per registrant. Please make additional copies of the form for multiple registrants.
- To avoid duplicate charges, do not fax and mail the form.

**Questions?** [iafcregistration@jspargo.com](mailto:iafcregistration@jspargo.com) | Toll-free (U.S. and Canada) 800-934-1957 | 703-449-6418

### Prices

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#### Full Conference

	Register by July 17	Register by Aug. 19	Beginning Aug. 20
IAFC Member	\$450	\$575	\$600
Non-Member (Join now!)	\$600	\$650	\$675

#### Company Officer and Battalion Chief Leadership Symposiums

	Register by July 17	Register by Aug. 19	Beginning Aug. 20
IAFC Member	\$395	\$495	\$525
Non-Member (Join now!)	\$475	\$575	\$600

### Registration Information

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- Acknowledgement/receipt letters confirming registration will be emailed or faxed to the registrant within 5 business days of receipt.
- If corrections or changes are required, note them on the acknowledgement/receipt letter and email them to [iafcregistration@jspargo.com](mailto:iafcregistration@jspargo.com) no later than August 13, 2010.

#### Payment Policy

- To avoid duplicate charges, do not fax and mail your form.
- Payment in U.S. funds must accompany the registration. Registrations will not be processed without complete payment information.

- We accept American Express, VISA, MasterCard, Discover, checks and purchase orders (POs). Checks should be made payable to IAFC.
- If you are submitting a PO for payment prior to the conference, please ensure that your order is paid prior to arriving on site. If the PO is not paid, you may be asked to guarantee payment with a credit card.
- IAFC reserves the right to not issue badges or meeting materials for those registrants with outstanding balances from prior IAFC conferences.
- If you currently have an outstanding balance from a prior conference, you will not be permitted to register for this event until the outstanding balance has been resolved.

### **Cancellation/Substitution Policy**

- All cancellations will be subject to a \$50 administrative fee.
- Cancellations must be sent in writing to IAFC's Registration Center via fax or email by August 1, 2010. No refunds will be processed after this date.
- Telephone cancellations are not accepted.
- After August 1, 2010 substitutions will be allowed, but no refunds will be issued.
- Telephone substitutions are permitted.
- All refund requests received before August 1, 2010 will be processed 2010 Conference.

### **Badges/Registration Materials**

- IAFC requires that conference registration fees be paid in full as a prerequisite to receiving a badge and registration materials.
- You will be able to make corrections and changes online to your badge information.
- If your registration is received by July 25, 2010, your badge and registration materials will be mailed to you.
- After July 25, 2010, badges and registration materials will be available for pick up onsite at conference registration.



## 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)

Name \_\_\_\_\_ IAFIC Member Number \_\_\_\_\_

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

Organization \_\_\_\_\_

Address (Is this address:  Home  Department) \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email (Please complete to receive your confirmation and conference updates.) \_\_\_\_\_

### 2. REGISTRATION:

A. FEE Please Check Applicable Fee:	Before/On 7/17 Member/Non	After 7/17 Member/Non	Onsite Member/Non
Full-Conference Registration.....	<input type="checkbox"/> \$450/\$600.....	<input type="checkbox"/> \$575/\$650.....	<input type="checkbox"/> \$600/\$675
Full-Conference Life Member.....	<input type="checkbox"/> \$295.....	<input type="checkbox"/> \$325.....	<input type="checkbox"/> \$325
COLS Level 1.....	<input type="checkbox"/> \$395/\$475.....	<input type="checkbox"/> \$495/\$575.....	<input type="checkbox"/> \$525/\$600
COLS Level 2.....	<input type="checkbox"/> \$395/\$475.....	<input type="checkbox"/> \$495/\$575.....	<input type="checkbox"/> \$525/\$600
COLS Level 3.....	<input type="checkbox"/> \$395/\$475.....	<input type="checkbox"/> \$495/\$575.....	<input type="checkbox"/> \$525/\$600
Chief Officer Leadership Symposium.....	<input type="checkbox"/> \$395/\$475.....	<input type="checkbox"/> \$495/\$575.....	<input type="checkbox"/> \$525/\$600
Coaching (25 minute sessions).....	<input type="checkbox"/> \$49.....		
Expo Registration.....	<input type="checkbox"/> \$50.....	<input type="checkbox"/> \$50.....	<input type="checkbox"/> \$50
EVMT Workshop*.....	<input type="checkbox"/> \$205/\$235.....	<input type="checkbox"/> \$235/\$265.....	<input type="checkbox"/> \$235/\$265
Partner Program Registration*.....	<input type="checkbox"/> Free.....		

\*Please give full name of the partner being registered - First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### EDUCATION SEMINARS

	Before 7/17/10	After 7/17/10
<b>Fire Chiefs Tool Box</b>	\$350	\$400
SE11	\$225	\$275
SE12	\$225	\$275
SE13	\$60	\$60
SE14	\$225	\$275
SE18	\$225	\$275
SE19	\$225	\$275
SE21	\$225	\$275
<b>Recovering From The Economic Storm</b>	\$300	\$350
SE24	\$225	\$275
SE33	\$350	\$400
SE34	FREE	FREE
SE40	\$225	\$275

### C. WORKSHOPS (Fees for these sessions are included in your full-conference registration fee.)

THURSDAY	WK01	WK02	WK03	WK04	WK05	WK06	WK07
	WK08	WK09	WK10	WK11	WK12	WK13	WK14
	WK15	WK16	WK17	WK18	WK19	WK22	
	WK23	WK24	WK25	WK26	WK27	WK28	WK29
	WK30	WK31	WK32	WK33	WK34	WK35	
	WK37	WK38	WK39	WK40	WK41	WK42	WK43
	WK44	WK45	WK46	WK47	WK48	WK49	WK50
	WK51	WK52	WK53	WK54	WK55	WK56	WK57
	WK58	WK59	WK60	WK158	WK200		
FRIDAY	WK61	WK62	WK63	WK64	WK65	WK66	WK67
	WK68	WK69	WK70	WK71	WK72	WK73	WK75
	WK76	WK77	WK78	WK79	WK80	WK81	WK82
	WK83	WK84	WK85	WK86	WK87	WK88	WK89

### D. NETWORKING EVENTS

	Qty	Total
Street Party		\$20
Fit to Fight 5k (Onsite \$25)		\$20
Native American Chief Officers Luncheon		\$25
Hispanic Chief Officers Luncheon		\$25
Women Chief Officers Luncheon		\$25
Black Chief Officers Luncheon		\$25
Presidential Celebration (Onsite \$85)		\$75
Partner Program Oprah Tour		\$10

For up-to-date conference information visit [www.iafc.org/fri](http://www.iafc.org/fri)

**Total Registration Due:**

\$ \_\_\_\_\_  
 (Total sum of Sections A, B, and D in U.S. Dollars)

### 3. DEMOGRAPHIC QUESTIONS: (Required)

- To help us better serve you, please answer the following:
- Are you  (a) Volunteer  (b) Career
  - 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
  - Number of Members in your Department  
 (a) 10-50       (b) 51-100       (c) 101-400  
 (d) 100,00-199,999       (e) 200,000 and up
  - What is your purchasing responsibility?  
 (a) final decision maker       (b) significant influence  
 (c) recommend       (d) research/specify
  - Is this your first time attending the conference?  
 (a) Yes       (b) No, I have 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

Card # (with CSV code) \_\_\_\_\_ Expiration Date (Must be after 9/10) \_\_\_\_\_

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

Signature \_\_\_\_\_

### 5. HOW TO REGISTER:

Online: [www.iafc.org/fri](http://www.iafc.org/fri) • Fax: 703/631-1167 • T: 800/934-1957 or 703/449-6418  
 By Mail: IAFIC Registration Center • c/o J. Spargo and Associates  
 11208 Waples Mill Rd, Suite 112 • Fairfax, VA 22030

FRIDAY	WK83	WK84	WK85	WK86	WK87	WK88	WK89
	WK90	WK91	WK92	WK93	WK94	WK95	WK96
	WK97	WK98	WK99	WK100	WK101	WK102	WK103
	WK104	WK105	WK106	WK107	WK108	WK109	WK110
	WK111	WK112	WK113	WK114	WK115	WK116	WK117
	WK118	WK119	WK120	WK121	WK122	WK123	WK201
	WK202	WK203	WK204	WK205	WK206	WK305	
SATURDAY	WK124	WK125	WK126	WK127	WK128	WK129	WK130
	WK131	WK132		WK134	WK135	WK136	WK137
	WK138	WK139	WK140	WK141	WK142	WK143	WK144
	WK145	WK146	WK147	WK148	WK149	WK150	WK151
	WK152	WK153	WK154	WK155	WK156	WK157	

All IAFIC 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@jpsargo.com](mailto:iafcregistration@jpsargo.com).

