

How do I register



**Please submit a separate form for each attendee (and their spouse).
Enter names as they are to appear on badge. (Please Print or Type)**

Name of District or Affiliation: _____

Title with Fire Service: _____

Attendee Name: _____ Vegetarian Meal

Spouse/Guest Name: _____ Vegetarian Meal

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

YES! - Please send me an email confirmation of my conference registration.

First Time Attendee

I have served _____ years with the Illinois Fire Service

Check One:

- Fire District Trustee
- Pension Board Trustee
- Fire Chief
- Fire Commissioner
- Fire Personnel
- Ambulance/EMS
- Attorney
- Other: _____

Advanced Trustee Training (ATT) Registration *(required to reserve a seat)*

If you are a paid trustee and plan to attend any of the ATT sessions, please register below. There is no additional charge, but **pre-registration is required.**

I will attend: Part 1 on Thursday Part 2 on Friday Part 3 on Saturday

Conference Registration

	On or Before June 1	After June 1	
IAFPD Member	\$100	\$130	<i>*A guest or spouse cannot be a member of the fire protection district board of trustee or fire personnel.</i>
Non-Member	\$125	\$135	
Guest/Spouse*	\$25	\$25	
Saturday Only	\$50	\$75	

(Saturday Only Includes Fire Service Luncheon Ticket)

Registration fees:

Registration fee includes a name badge that allows admission to the exhibit hall, all educational sessions, meals in the exhibit hall, and the Riverfront Event. Saturday Only registration allows admission to events on Saturday only. Name badges will be made based on information provided on the registration form. On-site badge replacements are \$5 each.

Ticketed Functions

Attendee Functions	Price	# Tickets Needed	Total Due
Riverfront Event (Friday)	FREE	x _____	\$ 0.00
Fire Service Luncheon (Saturday)	\$22	x _____	\$ _____
Tribute (Saturday Banquet)	\$35	x _____	\$ _____
One Day Expo Pass	\$10	x _____	\$ _____

Guest Programs

Winery Luncheon & Tour	\$25	x _____	\$ _____
Shopping Social & Shuttle	\$20	x _____	\$ _____

REGISTRATION FEE (see above) x _____ \$ _____

Total Enclosed \$ _____

Payment Information:

Check made payable to IAFPD is enclosed

Charge my credit card Mastercard Visa

Card#: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

To register mail this form and payment by June 1, 2010 to:

**IAFPD
901 S. 2nd Street, Suite 201
Springfield, IL 62704**

Deadline for Registration is June 1, 2010

Cancellations received by June 1 will be entitled to a refund (less 25%). No refunds will not be issued after deadline.



Questions? Contact:

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