

# 2010 Indiana Emergency Response Conference Registration Form

Please print clearly in BLOCK LETTERS and print/type and complete all sections of the form. Use one form per registrant; photocopy additional form(s) as needed.

## BADGE / REGISTRANT INFORMATION

_____	_____	_____	_____
First Name	Last Name	City	State/Zip
_____		_____	_____
Name as it is to appear on badge		Phone	Fax
_____		_____	
Job Title	Department/Company	Mobile	
_____		_____	
_____		_____ @ _____	
Street Address		E-Mail Address	

## REGISTRATION

1. \_\_\_\_\_ **FULL CONFERENCE REGISTRATION: \$200** (Includes ALL meals and events)
2. \_\_\_\_\_ **SINGLE DAY REGISTRATION: \$100** (Includes meals and events for THAT DAY ONLY)

Please Circle Your Choice:            THURSDAY            FRIDAY            SATURDAY

### 3. \_\_\_\_\_ **NEW THIS YEAR! – STUDENT REGISTRATION: \$75**

(Must present at check-in a student ID or letterhead stating that you are a current student from the school/establishment)

\$75 includes all 3 days of conference workshops, vendor show and lunches. Student discount rate does not include any Evening Functions. Tickets for Evening Functions can be purchased separately. Evening Functions include a meal.

### 4. \_\_\_\_\_ **EVENING FUNCTIONS: \$40**

Single tickets are available for individual(s) wishing to attend the events below. Please note that these functions are included with Full Conference and Single Day Registrations. The following are for those who wish to attend these events ONLY. Meals are included in the ticket price. (Check your preferences or indicate quantity below)

\_\_\_\_\_ Thursday Evening Casino Night/Live Auction/Fundraiser - \$40/person

\_\_\_\_\_ Friday Night Awards Banquet w/ Daniel Cullen - \$40/person

Thursday Casino Night Guest Name(s) as it is to appear on name badge: \_\_\_\_\_

\_\_\_\_\_

Friday Awards Banquet Guest Name(s) as it is to appear on name badge: \_\_\_\_\_

\_\_\_\_\_

### 5. \_\_\_\_\_ **Additional Lunch Tickets for Guests: \$20**

## PAYMENT

1. Full Conference Registration Total            \$ \_\_\_\_\_
2. Single Day Registration Total                \$ \_\_\_\_\_
3. Student Registration Total                    \$ \_\_\_\_\_
4. Evening Function Total                        \$ \_\_\_\_\_
5. Additional Lunch Ticket Total                \$ \_\_\_\_\_

**Remit Payment To:** Indiana Fire Chiefs Association

**Address:** PO Box 364 Zionsville, IN 46077

**Telephone:** 1-877-733-1850 **Fax:** (317) 733-4212

**E-Mail:** [rake@indfirechiefs.org](mailto:rake@indfirechiefs.org)

Check Enclosed –Check Number \_\_\_\_\_     Credit Card (Visa / MC)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_

**TOTAL PAYMENT DUE NOW:**                    \$ \_\_\_\_\_

**Signed:** \_\_\_\_\_                    **Date:** \_\_\_\_\_