



Career Transition Package

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

Name _____ Member ID _____

Title _____

Rank (Please choose one, from the list of options below, that best describes your rank.):
 (a) Fire Chief (b) Chief Officer (c) Company Officer
 (d) Staff Officer (e) Firefighter (f) Firefighter/Paramedic
 (g) EMS Officer (h) Emergency Mgmt. (i) EOD
 (j) Base Civil Engineer (k) Command Civil Engineer (l) Prime BEEF Manager
 (m) Other

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

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

2. Registration Fees:

	On or before 7/17/10	After 7/17/10
Conference Registration	Member/Non	Member/Non
Full Plus Resume Review	<input type="checkbox"/> \$600/\$640	<input type="checkbox"/> \$675/\$715

Total Registration Due (in U.S. Dollars) \$ _____

IAFC Division (Please Check your division)

- (201) Eastern (202) New England (203) Great Lakes
 (204) Missouri Valley (205) Southeastern (206) Southwestern
 (207) Western (208) Canadian (210) International
 Send me information on _____

4. Demographic Questions: (Required to complete form.)
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. Number of Members in your Department
 (a) 10-50 (b) 51-100 (c) 101-400
 (d) 100,000 -199,999 (e) 200,000 and up

4. What is your purchasing responsibility?
 (a) final decision maker (b) significant influence
 (c) recommend (d) research/specify

5. Is this your first time attending the conference?
 (a) Yes (b) No, I have attended for the past ___ years

6. Payment Information Registration Form must accompany payment to be processed

- Check Enclosed (Please make check payable to "IAFC" in U.S. funds)
 Credit Card
 AMEX VISA MasterCard
 (If you are registering as a government employee, please check below, your credit card must have an expiration date greater than 9/10 and your credit card will be charged three weeks prior to the conference.)

Card # _____ Expiration Date (must be after 9/10) _____

Name as it appears on card _____

Signature _____

7. How to Register

Fax: 703/631-1167
 Mail: IAFC Registration Center
 11208 Waples Mill Road, Suite 112
 Fairfax, VA 22030
 Questions: 800/934-1957 or 703/449-6418

Cancellations
 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 7/17/10



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 or 703/449-6418.

PROMO CODE