Annual Fire Chaplain’s Training Conference: April 26 – April 29, 2020

*CONFERENCE REGISTRATION FORM*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) PHONE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: Male \_\_\_ Female \_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRE DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE’S NAME (If attending with you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE CONFERENCE PACKAGE INCLUDES: *LODGING, MEALS & CONFERENCE*

Member by yourself (Single Occupancy) = $475.00 \_\_\_\_\_\_\_\_\_\_\_

Two Members/Sharing 1 room, two queen size beds (each) = $350.00 \_\_\_\_\_\_\_\_\_\_\_

If Sharing a Room – your choice of roommate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member and Spouse Package = $600.00 \_\_\_\_\_\_\_\_\_\_\_

If you are not a member of the NYS Association of Fire Chaplains, please include a $20 registration fee = $ \_\_\_\_\_\_\_\_\_\_\_

LATE REGISTRATION FEE (add if after March 31st) = $ 50.00 \_\_\_\_\_\_\_\_\_\_\_\_

CHECK #\_\_\_\_\_\_\_\_\_\_ TOTAL AMOUNT ENCLOSED = $ \_\_\_\_\_\_\_\_\_\_\_

**Or** Amount Charged to PayPal = $ \_\_\_\_\_\_\_\_\_\_\_

LODGING INFORMATION: Any special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Hotel has an elevator.

DIETARY NEEDS: Any Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES (any known allergies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I will be arriving late \_\_\_ I plan to leave before lunch on Wednesday

Downloaded form can be emailed to William A. Miles ([nysafc@gmail.com](mailto:nysafc@gmail.com)) and use PayPal

Please submit this REGISTRATION FORM with payment to:

NYSAFC, Inc.

William Miles, Exec. Sec.

470 Adam Street

Tonawanda, NY 14150