

20/20 Vision for Chaplains – Seeing & Serving
NEW YORK STATE ASSOCIATION OF FIRE CHAPLAINS, INC.

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) and use PayPal

Please submit this REGISTRATION FORM with payment to:

NYS AFC, Inc.
William Miles, Exec. Sec.
470 Adam Street
Tonawanda, NY 14150