NEW YORK STATE ASSOCIATION OF FIRE CHAPLAINS, INC.
2026 CONFERENCE REGISTRATION FORM
THIS IS A TWO (2) SIDED FORM - PLEASE FILL OUT COMPLETELY

NAME: _____ GENDER: Male ____ Female ____

PHONE: (____)_____ EMAIL: _____

HOME ADDRESS _____

CITY/STATE/ZIP_____

SPOUSE'S NAME (If attending with you) _____

FIRE DEPARTMENT: _____

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

1) **Member Only (by yourself)** = $850.00 _____

2) **Member and Spouse** Package = $1150.00 _____

B) MEALS & CONFERENCE PACKAGE ONLY: ***NO LODGING***
For those who live locally or staying at alternative lodging

Full Conference (Monday – Wednesday) No Lodging = $500.00 _____

Installation Dinner Only (Tuesday evening) = $75.00 _____

NOT a MEMBER of NYSAFC, Inc. please ADD $25.00 = $ 25.00 _____

PLEASE FILL IN BELOW:

CHECK #_____ TOTAL AMOUNT ENCLOSED = $_____

AMOUNT CHARGED on PAYPAL ---------- = $ _____

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

CONFERENCE REGISTRATION CONTINUED

REGISTRATION continued,

LODGING INFORMATION (IF AVAILABLE):

_____ I need a handicap accessible/equipped room (if available). Hotel is on 3 floors with ELEVATOR.

_____ I will need a room with a King size bed.

_____ I will need a room with two Queen size beds.

_____ I would like to share a room with _____.

DIETARY NEEDS: _____.

Any known ALLERGIES: _____.

Please submit this REGISTRATION FORM with payment to:

NYSAFC, Inc.
William Miles, Executive Secretary
470 Adam St
Tonawanda, NY 14150-1804
(Postmarked by April 1, 2026)

LODGING

We will be staying at the Hyatt Place Hotel. If you wish to arrive early or stay longer, you must contact the hotel directly. ALL CONFERENCE REGISTRATIONS MUST BE MADE THROUGH OUR ASSOCIATION. DO NOT RESERVE THROUGH THE HOTEL.

AIR TRAVEL

If flying, it is advised to fly into the Islip (ISP) Airport. We will provide transportation to and from the airport with prior arrangements. Contact Bill Miles for information.