



# YOU AND ISO

## SEMINAR REGISTRATION

*January 30<sup>th</sup>, 2010*  
CONNECTICUT FIRE ACADEMY  
WINDSOR LOCKS, CT



**PLEASE PRINT**

### 1. REGISTRATION INFORMATION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

IAFC Member     yes     No    - VCOS Member     yes     No

IAFC Membership # \_\_\_\_\_

Rank (Please choose from the list of options below.):

Fire Chief    Chief Officer    Company Officer

Staff Officer    Firefighter    EMT/Paramedic

Elected Official (position) \_\_\_\_\_

Other \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Please complete to receive your confirmation)

### 2. REGISTRATION FEES:

(Please check applicable fee)

**On or Before 1/15/20**                      **After 1/15/20**

\$60.00

\$75.00

On-Site Walk-IN    \$85.00

**All cancellations will be charged a \$30 administrative fee.** Cancellations after January 25<sup>th</sup> will forfeit the entire registration fee.

### 3. DEMOGRAPHIC QUESTIONS:

To help us better serve you, please answer the following:

1. Type of department:    Volunteer    Career    Airport  
Combination    Tribal    Industrial    Military  
Other \_\_\_\_\_

2. Size of population served

0-9,999    10,000-49,999    50,000-99,999

100,000-199,999

### 4. HOW TO REGISTER:

Complete registration form, attach payment, check the date you wish to attend, and

Mail To: ISO - IAFC/ VCOS Registration Center

3047 N. Raceway Road

Indianapolis, Indiana 46234

C/O Chief Larry Curl

### 5. PAYMENT INFORMATION:

(Registration form must accompany payment to be processed.)

Please enclose a check or money order made payable to **PAYMENT INFORMATION:**

(Registration form must accompany payment to be processed.)

Please enclose a check or money order made payable to "VCOS" in U.S. funds or fill out the Credit Card Information

#### **Credit Card (information)**

**Card Holders Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Card Holders Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Credit Card Type & Number**

\_\_\_\_\_                      \_\_\_\_\_  
TYPE                      Card Number  
Exp. Date MO/ YR & 3 digit VIN (found on the back of your card)

\_\_\_\_\_    \_\_\_\_    \_\_\_\_\_  
MONTH                      YR                      Three Digit VIN

Signature of card Holder: \_\_\_\_\_

### 6. HOTEL ARRANGEMENTS:

**SEVERAL HOTELS IN THE IMMEDIATE AREA OR CONTACT THE ACADEMY FOR ON SITE HOUSING**

### 7. QUESTIONS:

If you should have any questions about the seminar, its content or payment options please contact Chief Curl by email at [wtfdcurl@comcast.net](mailto:wtfdcurl@comcast.net) or phone at 317-605-6660 or fax me at 317-347-0511. Email is my best method of contact.