

Registration Form

16th Annual

New England Fire Service Training Weekend

Name:		Phone #	
Title:	Affiliation:		
Home Address:			
City:		State:	Zip:
Email address:			

Workshop Registration

(Please choose a 1st and 2nd choice for each workshop session)

Saturday, January 21 – Morning Session

1st 2nd Choice

_____ Apparatus Safety and Driving Safety

_____ National Stand Down for Firefighter Safety

Saturday, January 21 – Afternoon Session

1st 2nd Choice

_____ NFPA Investigations: Fire Fighter Fatalities

_____ Prevention and Education Can Prevent...

Sunday, January 22 – Morning Session

1st 2nd Choice

_____ Firefighter IAFF Wellness Initiative

_____ Common Sense: A Different Approach...

WEEKEND REGISTRATION

The cost of the program is \$130.00 and includes the following: all instruction, course materials, lunch and two breaks on Saturday, and lunch and a break on Sunday. Please see the reverse side of this flyer for complete registration information

LODGING

Rooms are available for the nights of January 20 and 21, 2006 at the Murray D. Lincoln Campus Center Hotel at the rate of \$80.00 per night for a single room and \$80.00 per night for a double room. To make a reservation, call (413) 549-6000 Ext. 7714 by January 6, 2006 and identify yourself as a participant with the Fire Service Training Weekend and request a room from **Block # 1252**. ALL HOTEL ARRANGEMENTS (AND PAYMENT) MUST BE MADE DIRECTLY WITH THE HOTEL.

An individual registration form for each attendee must be submitted by January 6, 2006. Please duplicate Registration Forms as needed. **Forms received after January 6, 2006 will be charged a \$35.00 late registration fee.** Cancellations received in writing prior to January 17, 2006 will receive a full refund minus a \$35.00 cancellation fee. All cancellations must be in writing. **There will be no refunds granted after January 17, 2006.**

Please clearly indicate your first and second choices for workshops. Early registration is strongly suggested as workshop assignments are made on a first come, first served basis.

Return full payment, for the Conference only, (checks or municipal purchase orders payable to UMass Conference Services) or (Mastercard/Visa) by January 6, 2006 to University Conference Services, CS# 06-46-N, 918 Campus Center, University of Massachusetts, Amherst, MA 01003 or FAX to 413-545-0050.

(In the event that a check is returned by the bank due to insufficient funds or closed accounts, University Conference Services will charge a \$35.00 fee.)

For further information, call University Conference Services at (413) 545-0172. Upon receipt of your registration form, you will receive a written Conference confirmation and travel information.

SUBMIT APPLICATION TO: University Conference Services, CS# 06-46-N
918 Campus Center
University of Massachusetts
Amherst, MA 01003

FOR OFFICE USE ONLY

CASE# _____

RETURN FULL PAYMENT BY JANUARY 6, 2006

REF# _____

CHECKS SHOULD BE MADE PAYABLE TO: UMASS CONFERENCE SERVICES/CS06-46N D/I _____

ALL ATTENDEES SHOULD COMPLETE A SEPARATE REGISTRATION FORM PMT _____

REGISTRATION FEE: \$130.00 CONF'D _____

(PLEASE PRINT CLEARLY)

PAYMENT BY MASTERCARD OR VISA

_____ MC _____ VISA _____ CARD # _____ EXPIRATION DATE _____

CARDHOLDER PRINTED NAME _____

CARDHOLDER SIGNATURE _____