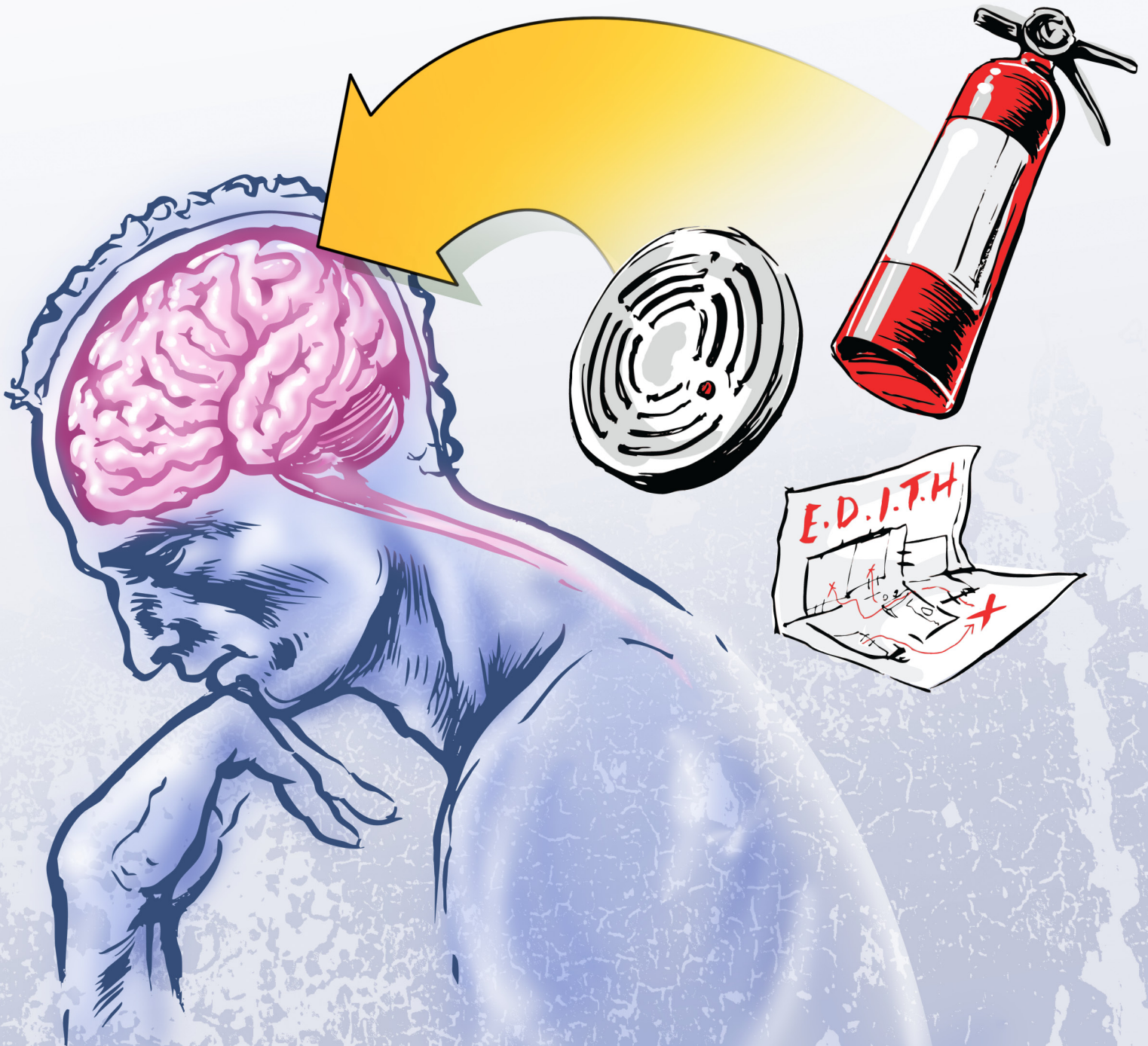


SAVE THE DATE

FOR OUR 39TH ANNUAL
PUBLIC FIRE SAFETY EDUCATORS' PROGRAM

MAY 4TH - 6TH

AT THE
NYS ACADEMY OF FIRE SCIENCE
MONTOUR FALLS, NY





REGISTRATION FORM

FIRE ACADEMY AND REGIONAL TECHNICAL RESCUE



New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634
(607) 535-7136; Fax: (607) 535-4841

PERSONAL INFORMATION

NAME (Last, first, MI) _____

TRAINING IDENTIFICATION NUMBER _____

HOME ADDRESS (Street, PO Box) _____

CITY _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS MALE FEMALE

DAYTIME PHONE _____ EVENING PHONE _____

FAX # _____ E-MAIL ADDRESS _____

SPONSORING ORGANIZATION

FIRE DEPARTMENT ID # _____ COUNTY _____

SPONSORING ORGANIZATION _____

STREET ADDRESS, PO BOX _____

CITY _____ STATE _____ ZIP _____

FD PHONE# _____ FD E-MAIL or FAX _____

NAME/TITLE - HEAD OF THE SPONSORING AGENCY _____

SIGNATURE - HEAD OF THE SPONSORING AGENCY _____

Date _____

FIRE ACADEMY COURSE CODE # _____ COURSE TITLE _____ DATES: _____

01-10-0012 Public Fire Safety Educator's Program May 4 - May 6

COURSE REGISTRATION - PAYMENT DUE WITH REGISTRATION FORM

Registration Fee is MANDATORY AND NONREFUNDABLE

- NYS Resident - \$25 Out-of State - \$50
- Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)
- Prerequisite Proof (if applicable)
Must accompany registration

ACADEMY ACCOMMODATIONS - PAYABLE UPON ARRIVAL

- Resident – includes Meals & Lodging - \$84.00
- Commuter – includes breakfast & lunch - \$20.00
- Commuter dinner - \$9/day (optional)

REGISTRATION, MATERIAL AND ACCOMMODATIONS FEES:

Registration Fee (include w/registration) \$ _____

Materials Fee (if applicable – payable upon arrival) \$ _____

Accommodations Fee (payable upon arrival) \$ _____

Optional commuter dinner(s) \$ _____

Total enclosed: \$ _____

Balance due upon arrival: \$ _____

Reasonable accommodation request:

Share room with: _____

PAYMENT METHOD

Make checks, money orders & vouchers payable to:
Academy of Fire Science

- Check Money Order
- Signed Voucher Signed Purchase Order
- Other (specify) _____

VISA MasterCard Total Charge: \$ _____

Card #

Expiration Date /

Signature _____

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed.
This form is on the web at www.dhSES.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY