

INTERNATIONAL SYMPOSIUM ON FIRE INVESTIGATION
SCIENCE & TECHNOLOGY
SEPTEMBER 27, 28, & 29, 2010
REGISTRATION FORM

PARTICIPANT INFORMATION

Name _____ NAFI Number _____ NFPA Number _____
(As you wish it to appear on certificate)

Name _____
(As you wish it to appear on nametag)

Company/Fire or Police Department _____

Title _____

Street _____

City _____ State _____ Country _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Do you plan on submitting a paper or poster? Yes _____ No _____

REGISTRATION INFORMATION

Each Registration Includes Hotel Parking & Meal Package
(Breakfast, Lunch, and Snacks) for the Delegate
ISFI September 27 - 29, 2010 (\$800) _____
Early Registration, if received before May 14, 2010 (\$700) _____
Presenter and/or Poster Registration (\$700) _____

OTHER ITEMS

Gala Tickets, Tuesday, September 28, 2010 (\$80 per person) _____
Additional Meal Package for Spouses/Guests (\$240 per person) _____
Additional Book of Proceedings (\$100) _____

<p><u>(Office Use Only)</u></p> <p>Invoiced _____</p> <p>Payment Rec'd _____</p> <p>Confirmation _____</p> <p>Notes _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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TOTAL DUE \$ _____

PAYMENT OPTIONS *Prepaid fees are fully refundable up until August 15, 2010; thereafter, individual registrants may be substituted, but refunds will not be made.*

- 1) If you wish to be invoiced, please provide billing information.
 Invoice - P/O Number (if available) _____
 Company _____ Attn: _____
 Street _____ City/State/Zip _____
 Telephone _____ Fax _____
- 2) Check Number (payable to Fire Seminar) _____ Date _____ Amount _____
- 3) Credit Card VISA M/C Cardholder Name _____
 Card No. _____ Exp. Date _____
 CCV# _____ Billing Zip Code _____
 Signature _____

Mail or Fax this registration and payment to
Fire Seminar
857 Tallevast Road, Sarasota, Florida 34243
Phone: 941-355-9079 - Fax: 941-351-5849