

2014 REGISTRATION FORM FCIA Education & Committee Action (ECA) Conference

Firestop Testing, April 29	FCIA Mbr	# of Members	Non-Member	# of Non-Members	
FCIA Mgmt. System Manual/Seminar	FREE	X _____	\$495	X _____	=
FM and UL/ULC Exam Review	FREE	X _____	\$295	X _____	=
FM 4991 Firestop Exam	\$745	X _____	\$745	X _____	=
FM 4991 Firestop Renewal Exam	\$455	X _____	\$455	X _____	=
UL/ULC QFC Firestop Exam	\$570	X _____	\$570	X _____	=

Name(s) of persons taking Exam: _____

Subtotal 1:
\$ _____

Lunch is included for Exam Participants

ECA Conference April 30-May 2	FCIA Mbr	# of Members	Non-Member	# of Non-Members	
Conference Fee, 1st Attendee	\$495	X _____	\$700	X _____	=
Conference Fee, Addtl Attendee	\$395	X _____	\$395	X _____	=
Spouse/Guest Tour & Lunch (May 1)	\$60	X _____	\$60	X _____	=

In compliance with the Americans with Disabilities Act of 1990, please contact FCIA at +1 708-202-1108 for special considerations or dietary restrictions you may have.

Subtotal 2:
\$ _____

Save \$25 for 1st Attendee if \$ is received by April 1! No discount for testing/spouse events

(Save \$25 if rec'd by 4/1/14)
Subtotal -\$

Sponsorships Available!		
Conference Lunch or Reception (each)	\$1,500	=
Conference Breakfast (each)	\$ 750	=
Conference Break (each)	\$500	=
		=



As partial consideration for my attending this event, I give Firestop Contractors International Association, its assigns, licensees, successors in interest, and legal representatives, the irrevocable right to use any photographs and/or video of me taken at the Event in all forms and in all media and in any manner for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the materials incorporating my likeness, including written copy that may be created and appear in connection with such photos and/or video.

Subtotal 3:
\$ _____

GRAND TOTAL:
\$ _____

Company: _____ **Phone:** ____/____

Attendee #1: _____ **Email:** _____

Spouse/Guest Name: _____ **Email:** _____

Offsite Emergency Contact: _____ **Phone (____)** _____

Attendee #2: _____ **Email:** _____

Spouse/Guest Name: _____ **Email:** _____

Offsite Emergency Contact: _____ **Phone (____)** _____

PAYMENT: Credit Card Check

Card # _____ **EXP DATE** ____/____

Cardholder Name _____

Billing Address _____ **City, St/Prov./Postal** _____

Email (required) _____

FAX to: +1 708-449-0837 ~ SCAN/EMAIL to: sandy@FCIA.org
mail to FCIA, 4415 W. Harrison, #436, Hillside, IL 60162

Payment Deadline:
April 21st