

SOUTHERN FEDERATION OF PROFESSIONAL FIRE FIGHTERS

2015 CONFERENCE REGISTRATION
MYRTLE BEACH, SOUTH CAROLINA

LOCAL/AFFILIATE NAME _____
LOCAL/AFFILIATE NUMBER _____
AFFILIATE MAILING ADDRESS _____

CONTACT PERSON: _____
EMAIL ADDRESS _____
PHONE NUMBER _____

DELEGATES ATTENDING: _____

GUESTS ATTENDING: _____

TOTAL NUMBER OF DELEGATES AND GUESTS: _____

** REGISTRATION IS \$100.00 PER DELEGATE OR GUEST

Return Registration and Registration Fees to: SFPFF c/o IAFF Local 42
Attn: Tim Dupin
6320 Manchester Ave Suite 42A
Kansas City, MO 64133

Make checks payable to: **SFPFF**

SFPFF Use Only: Date Rcvd _____ Check # _____ Amt \$ _____