

NEW YORK STATE PROFESSIONAL FIRE FIGHTERS ASSOCIATION
HEALTH & SAFETY CONFERENCE,
SYRACUSE, NEW YORK
OCTOBER 16TH – OCTOBER 18TH, 2012

REGISTRATION FORM

LOCAL NAME: _____ LOCAL #: _____

PARTICIPANT(S):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

FEES:

NUMBER OF PARTICIPANTS: _____ x \$75.00 = \$ _____

TOTAL: \$ _____

(Make Check Payable To - NYSPFFA)

MAIL REGISTRATION FORM ALONG WITH PAYMENT TO:

NYSPFFA
119 WASHINGTON AVENUE, RM. 306
ALBANY, NEW YORK 12210

RSVP TO STATE OFFICE BY OCTOBER 1, 2012