



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

SPONSORING ORGANIZATION

NAME (Last, first, MI)	FIRE DEPARTMENT ID #	COUNTY
TRAINING IDENTIFICATION NUMBER	SPONSORING ORGANIZATION	
HOME ADDRESS (Street, PO Box)	STREET ADDRESS, PO BOX	
CITY	STATE	ZIP
CITY	STATE	ZIP
CHECK IF NEW ADDRESS	MALE	FEMALE
DAYTIME PHONE	EVENING PHONE	
FAX #	E-MAIL ADDRESS	
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: 1st CHOICE	2nd CHOICE
--------------	---------------	--------------	-------------------	------------

REGIONAL	COURSE CODE #	COURSE TITLE	DATES: 1st CHOICE	2nd CHOICE
----------	---------------	--------------	-------------------	------------

COURSE REGISTRATION

Payment must accompany this registration form.

Registration Fee - NONREFUNDABLE

NYS Resident - \$25 Out-of State - \$50

Materials Fee (if applicable)

See course description

May be paid upon arrival

Prerequisite Proof (if applicable)

Must accompany registration

ACADEMY ACCOMMODATIONS

Accommodations fees may be paid on arrival

Yes, Meals & Lodging - \$40/day

No, Meals & Lodging

All Meals - \$17/day

Breakfast Only - \$4/day

Lunch Only - \$4/day

Lodging Only - \$23/day

Share room with: _____

PAYMENT METHOD

Make checks, money orders & vouchers payable to:

Academy of Fire Science

Check

Signed Voucher

Other (specify) _____

Money Order

Signed Purchase Order

VISA

MasterCard Total Charge: \$ _____

Card #

Expiration Date / **FAX CREDIT CARD REGISTRATIONS**

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.dos.state.ny.us/fire/firewww.html

MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY