



FASNY Emergency Medical Services Seminar and Pre-Seminar Workshop – NYS Fire Academy

OFFICIAL APPLICATION

Use only ONE application for each applicant

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____ Male Female

Daytime Telephone (_____) _____

Personal Email _____ Organizational Email _____

EMS Organization or Affiliation _____

EMT Certification Level _____ NYS EMT # _____

FASNY ID # _____

I Prefer to Room With _____

ATTENDING/COSTS (PLEASE CHECK)

- FASNY Pre-Seminar Workshop** February 28, 2014 **\$50.00**
 Registration Fee (Non-refundable) (Breakfast and lunch included)
- Academy Lodging** **\$40.00**
 (Includes Thursday night lodging and dinner)
- FASNY EMS Seminar** March 1 and 2, 2014 **\$65.00**
 Registration Fee (Non-refundable)
 (Breakfast and lunch included Saturday and Sunday)
- Academy Lodging and Meals** **\$40.00**
 (Includes Friday night lodging and dinner)
- Academy Lodging and Meals** **\$40.00**
 (Includes Saturday night lodging and dinner)

Applications postmarked after February 10 MUST be accompanied with a \$15.00 late registration fee.

Total Enclosed \$ _____

**MUST BE
POSTMARKED BY
February 10, 2014**

Applications postmarked after February 10 MUST be accompanied with a \$15.00 registration late fee.

No-shows are non-refundable and cancellations are non-refundable unless received five business days prior to the seminar.

Return this form with check made payable to FASNY:

FASNY Office
 107 Washington Avenue
 Albany, NY 12210-2269
 (800) 2FASNY2 fax: (518) 426-0139

Or submit credit card information: VISA MC AMEX _____
Expiration Date

Card #

Name on card _____

Signature _____

Signed vouchers and purchase orders will be accepted • Please provide form

Reproduce this form as needed for additional registrations • Please duplicate this form and post for membership viewing • Application limited to 350
Campus is non-alcoholic • Facility is smoke-free - NYS Law

Type or print name and organization as you would like it to appear on your certificate(s).

Name _____

Organization _____