

FIRE LEADERSHIP CHALLENGE – 2010

**COMPANY OFFICER LEADERSHIP SYMPOSIUM I (COLS)  
PRE-CONFERENCE REGISTRATION FORM  
(November 30, December 1 & ½ Day December 2)**

Please print or type using one form per participant. Photocopy for additional registrations.

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
NAME TO PUT ON ID: \_\_\_\_\_

**REGISTRATION COSTS:**

EARLY BIRD SPECIAL REGISTRATION \$225.00 \$ \_\_\_\_\_  
Must be postmarked by November 5, 2010  
(Includes all sessions, breaks/exhibits and lunch for Tuesday and Wednesday)

REGISTRATION after November 5, 2010 \$250.00 \$ \_\_\_\_\_  
(Includes all sessions, breaks/exhibits and lunch for Tuesday and Wednesday)

STATE CHIEFS LUNCHEON & MEETING THURSDAY \$30.00 \$ \_\_\_\_\_

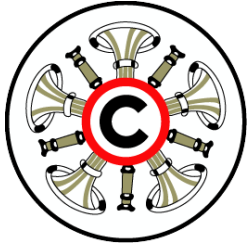
***TOTAL REGISTRATION AMOUNT*** \$ \_\_\_\_\_

**CANCELLATION/REFUND:** A written request for cancellation and/or refund must be postmarked before November 15, 2010. A \$35.00 administrative fee will be retained for all cancellations. Phone requests will not be accepted. No refunds after November 15, 2010.

**MAKE CHECKS PAYABLE TO:** CSFCA – Fire Leadership Challenge

**MAIL REGISTRATION FORM & CHECK TO:** CSFCA – Fire Leadership Challenge  
Colorado State Fire Chiefs' Association  
P.O. Box 3945  
Englewood, CO 80155

FOR ADDITIONAL INFORMATION CALL (720) 874-8117  
For credit card payments, please download and complete the credit card authorization form:  
<http://www.colofirechiefs.org/2010FLC/CreditCardPayment.pdf>



# Colorado State Fire Chiefs' Association

Post Office Box 3945  
 Englewood, Colorado 80155  
 Phone: (720) 874-8116  
 Fax: (720) 862-2181

[www.colofirechiefs.org](http://www.colofirechiefs.org)

## FIRE LEADERSHIP CHALLENGE – CREDIT CARD PAYMENTS

Please complete and submit a conference or pre-conference registration form for each individual you are registering.

Department/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name of Individual(s) you are Registering:	Registration Amount (from Registration form)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Amount to be charged to credit card:</b>	<b>\$</b>

### CREDIT CARD INFORMATION

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Name on Card:			
Email Address for Receipt:			
Credit Card Number:			
Expiration Date:		Card ID Number:	
Zip Code of Billing Address:			

Please mail or fax this form to the address or fax number above. Please include the individual registration forms.

**“Serving the Chief Fire Officers of Colorado Since 1968”**