

NYSAFC REGIONAL HANDS-ON TRAINING



ACCORD FIRE DEPARTMENT – ULSTER COUNTY – FLASHOVER TRAINING April 11-12, 2015

Registration Fee: \$100/per NYSAFC Member • \$125/per Non-Member

*Student must be an Individual NYSAFC Member or student's fire department must be a NYSAFC Department Member for discounted rate.
Three-hour program includes Flashover Hands-On Training, which immediately follows a one-hour lecture.

Location: Accord Fire District • 22 Main Street • Accord, NY 12404

Student Prerequisites: Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must provide a signed "Authorization Letter" from the chief of his/her department (a sample letter will be provided with student's registration confirmation). Student **must** complete lecture portion of this program to participate in Hands-On Training.

PPE Requirements: Turnout coats and helmets will be provided to avoid heat and smoke damage to students' department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

REGIONAL HANDS-ON TRAINING STUDENT REGISTRATION FORM ACCORD FIRE DEPARTMENT – ULSTER COUNTY APRIL 11-12, 2015

Student's Information *(Use one form per student.)*

Name: _____ Title: _____
Department/Organization: _____ NYSAFC Member #: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____
Daytime Phone: () _____ Evening Phone: () _____

Training Date & Session *(Select one date/session. Hands-On Training immediately follows a one-hour lecture.)*

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| <input type="checkbox"/> April 11, 2015 – Session A (8:00 – 11:00 a.m.) | <input type="checkbox"/> April 12, 2015 – Session A (8:00 – 11:00 a.m.) |
| <input type="checkbox"/> April 11, 2015 – Session B (10:00 a.m. – 1:00 p.m.) | <input type="checkbox"/> April 12, 2015 – Session B (10:00 a.m. – 1:00 p.m.) |
| <input type="checkbox"/> April 11, 2015 – Session C (12:00 – 3:00 p.m.) | <input type="checkbox"/> April 12, 2015 – Session C (12:00 – 3:00 p.m.) |

Payment *(Must submit payment with form.)*

NYSAFC Member (\$100) Non-Member (\$125)

Total Amount Due: \$ _____ Method of Payment: Check Voucher AMEX Discover MC Visa

Card #: _____ Expiration Date: _____ / _____ CVN #: _____

Name on Account: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

Return form to New York State Association of Fire Chiefs, with payment, by April 6, 2015:

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063 • Fax: (518) 477-4430 • Phone: (800) 676-FIRE