



REGISTRATION FORM

Firestop Industry Conference & Trade Show Charleston, South Carolina, November 8-10, 2006

Attendee _____ Company _____

Attendee #2 _____ Attendee #3 _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Days attending: Wed ___ Thurs ___ Fri ___

Email _____ Spouse/Guest name _____

Call FCIA at 708-202-1108 for further information!

ROOM & TRANSPORTATION

Room: Doubletree Guest Suites, 181 Church St., Charleston, South Carolina

Rates per night: \$169/night **SPECIAL RATE - Reserve Early

Reservations By Phone: 877-408-8733, identify as "Firestop Contractors International Association"

Ground Transportation: Taxi (\$25) or Airport Shuttle (\$10, 843-767-1100)

Air: Charleston International Airport (airport code CHS), Airlines: Continental, Delta, United, United Express and US Airways

Weather: Average High for November - 71 degrees F, Average Low - 50 degrees F

REGISTRATION FEES - US\$

Conf. Fee - Mbr.	\$575 x _____ = _____
Conf. Fee - non-mbr.	\$725 x _____ = _____
Conf. Fee - Mbr. 2nd person	\$425 x _____ = _____
FM 4991 DRI Test Member	\$610 x _____ = _____
FM 4991 DRI Test NonMbr	\$675 x _____ = _____
FM 4991 DRI Renewal Mbr.	\$300 x _____ = _____
UL DRI Test Member*	\$500 x _____ = _____
UL DRI Test NonMbr	\$565 x _____ = _____

***Subject to UL Firestop Contractor Program Launch**

Golf Registration	\$150 x _____ = _____
Club Rental	\$50 x _____ = _____
Spouse Lunch, Weds.	\$45 x _____ = _____
Spouse Tour & Lunch (Thurs)	\$50 x _____ = _____
Spouse Dinner (Thurs)	\$85 x _____ = _____
USS Yorktown Tour (Sat.)	\$30 x _____ = _____

SPONSORSHIPS-open to all attendees

Conference Lunch	\$1000 x _____ = _____
Conference Break	\$500 x _____ = _____
Spouse Tour	\$500 x _____ = _____
Golf Hole	\$200 x _____ = _____
Golf Bus	\$500 x _____ = _____

subtract FCIA \$50 Early Bird \$ _____

discount if received at FCIA by 10/13/06

TOTAL \$ SUBMITTED \$ _____

PAYMENT OPTIONS

● **Check** - payable to FCIA, mailed to:
4415 W. Harrison, Suite 322A,
Hillside, IL 60162

● **Credit Card** - Fax to: 708-449-0837

VISA ___ MC ___ AMX ___ Exp. Date ___/___

Card #: _____

PLEASE PRINT CLEARLY

Cardholder: _____

Mailing Address of Card Holder:

**FAX COMPLETED FORM TO:
708-449-0837**