

# 2015 FCIA FIRESTOP INDUSTRY CONFERENCE & TRADE SHOW REGISTRATION FORM

FIRESTOP TESTING TUESDAY, NOVEMBER 3RD	FCIA Member Price	Non-Member Price	# of People	Total	
FCIA Mgmt. System Manual Seminar	FREE	\$495 US			
FM and UL/ULC Firestop Exam Review	FREE	\$295 US			
FM 4991 Firestop Exam & Lunch	\$745 US	\$745 US			
FM Firestop Renewal Exam & Lunch	\$500 US	\$500 US			<b>Subtotal</b>
UL/ULC QFC Firestop Exam & Lunch	\$570 US	\$570 US			\$
<b>Name(s) of persons taking Exam:</b>					

CONFERENCE & TRADE SHOW NOVEMBER 4-6	FCIA Member Price	Non-Member Price	# of People	Total	
Conference Fee for 1st Attendee	\$575 US	\$725 US			
Conference Fee, Additional Attendee	\$425 US	\$625 US			
<b>Discount if registered by Sept. 26th</b>	<b>-\$50 Credit</b>	<b>-\$50 Credit</b>		-	
Spouse/Guest Tour (11/5)	\$40 US	\$40 US			
Spouse/Guest Awards Lunch (11/5)	\$60 US	\$60 US			
Spouse/Guest Casino Night (11/5)	\$100 US	\$100 US			<b>Subtotal</b>
Exhibitor (Silver/Gold/Platinum Members Free)	\$450 US	\$900 US			\$

GOLF	Total	I am golfing with:	
Golf	\$100.00	1. _____	
Club Rental <input type="radio"/> Right <input type="radio"/> Left	\$50.00	2. _____	
Hole Sponsor	\$150	3. _____	<b>Subtotal</b>
Beverage/Snack Sponsor	\$500	FCIA will pair golfers unless otherwise specified.	\$
Goodie Bag donations—minimum 70 pieces, please describe:	Free	<input type="radio"/> I am paying for the foursome \$400.	
		<input type="radio"/> I am only paying for myself \$100.	
<b>Total</b>			\$

**Company:** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Attendee #1:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Spouse/Guest Name: \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Attendee's Emergency Contact: \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Attendee #2:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Spouse/Guest Name: \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Attendee's Emergency Contact: \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**PAYMENT:**    **Credit Card**    **Check Mail** to FCIA, 4415 W. Harrison, #436, Hillside, IL 60162

**Card #** \_\_\_\_\_ **EXP DATE** \_\_\_\_ / \_\_\_\_

**Cardholder Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City, St/Prov./Postal** \_\_\_\_\_

**Email (required)** \_\_\_\_\_

**Registration Deadline**  
September 30th

**Questions?**  
Call 708-202-1108

**FAX to: 708-449-0837 or SCAN/EMAIL to: sandy@fcia.org**

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