



# REGISTRATION FORM

## FCIA Firestop Industry Conference Montreal, Canada ~ April 26-28, 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 & AIR RESERVATIONS

**Room:** Loews Hotel - Vogue, 1425 Rue De La Montagne, Montreal, Quebec, Canada

**Rates per night:** \$169 per night-Canadian (CAD), (approx. \$145 US)

**Reservations By Phone:** 888-465-6654 (tollfree) or 514-285-5555, ask for group sales, identify as "Firestop Contractors International Association" or "FCIA"

**Ground Transportation:** Taxi (\$35 CAD) or L'Aerobus Shuttle (\$13 each way, CAD). *Please note that the shuttle involves a transfer from the Montreal Central Bus Station, 505 De Maisonneuve Blvd. to the Loews Hotel Vogue.* For more information, call 514-843-4938

**Air:** Montreal-Pierre Elliott Trudeau International Airport (airport code YUL),  
Passport recommended; alternative ID is birth certificate and 2 photo IDs.

#### REGISTRATION FEES - US\$

Conf. Fee - Mbr.	\$450 x _____ = _____
Conf. Fee, non-mbr.	\$595 x _____ = _____
FM 4991 DRI Test (Thurs)	\$250 x _____ = _____
FM 4991 DRI Test, non-mbr	\$ (Call FCIA office)
UL DRI Test (Wed)	\$99 x _____ = _____
UL DRI Test, non-mbr	\$ (Call FCIA office)

#### SPONSORSHIPS

Conference Meal	\$1500 x _____ = _____
Conference Break	\$750 x _____ = _____

#### Spouse/Guest Package

Spouse Tour & Lunch (Thurs)	\$50 x _____ = _____
Lunch, Friday	\$45 x _____ = _____

<b>SUBTOTAL</b>	\$ _____
subtract \$25 for Early Bird disc.	\$ _____

**TOTAL \$ SUBMITTED** \$ \_\_\_\_\_ US

*Note: To receive E.B. discount, paid registrations must be received to FCIA office by April 1, 2006!*

#### 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 # \_\_\_\_\_

Cardholder \_\_\_\_\_

Mailing Address of Card Holder

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