NORTHEASTERN FOREST FIRE PROTECTION COMPACT (NFFPC) 2017 ANNUAL WINTER MEETING - JANUARY 24-26, 2017 REGISTRATION FORM - <u>Due January 6, 2017</u>

| AGENC | Y/VENDOR | NAME: | | | | | | | |
|------------------|--|---------------|--|---------------|--|---------------|---|---------------|--|
| <u>INDIVII</u> | OUAL(S) AT | TENDIN | <u>G:</u> | | | | | | |
| | | | | | | | | | |
| Date | Required for All General Registration @ \$20 per day | | Optional Lunch (L) Meals @ \$15 each | | Optional Dinner Banquet @ \$35 per person - Jan 26 | | Vendor @ \$150 per table for session (also need to register all individuals) | | |
| | Number Attending | Amount Due | Number Attending | Amount Due | Number Attending | Amount Due | Number Tables | Amount Due | |
| Jan 24 | | | | | | | | | |
| Jan 25 | | | | | | | | | |
| Jan 26 | | | | | | |] | | |
| Sub- Total | | | | | | | | | |
| Total | Amount l | Due: | | | | | | | |
| | | _ | | | | | Ι. | | |
| Payment Options: | | | | | | | | Amounts | |
| Registra | ation Amoun | t enclosed | (check or ca | ish) | | | | | |
| Registra | ation amount | t to be Invo | oiced | | | | | | |
| Amoun | t to be covere | ed by NFF | PC Grant or | · Reserve F | unds | | | | |
| Amoun | t to be charge | ed to credi | t card (*incl | ude info o | n attached sh | reet) | | | |

MAKE CHECK IN U.S. FUNDS PAYABLE TO: Northeast Forest Fire Protection Compact *CREDIT CARD PAYMENT – Please fill in payment form attached or contact NFFPC at Telephone/Fax: 207-968-3782 or Email: necompact@fairpoint.net

SEND CHECK, CASH, CREDIT CARD INFORMATION & REGISTRATION FORM TO: NFFPC, P.O. Box 6192, China Village, ME 04926

****Note for Jan 24: Working Team members need to register so that we can have numbers for meals and breaks. Costs for WT meeting day are covered by the Working Team grants. All other guests need to register and pay registration fees unless approved for coverage by the Working Team Chair.

NORTHEASTERN FOREST FIRE PROTECTION COMPACT 2017 ANNUAL WINTER MEETING - JANUARY 24-26, 2017 CREDIT CARD PAYMENT FORM - <u>Due January 6, 2017</u>

Business Credit Card

| Credit Card Type (Visa or MasterCard only): | Name on Card: |
|---|-----------------------|
| Credit Card Number: | Card Expiration Date: |
| Amount to be Charged: | |
| Email address to forward Receipt: | |
| Contact Phone Number: | |
| Personal Credit Card | |
| Credit Card Type (Visa or MasterCard only): | Name on Card: |
| Credit Card Number: | Card Expiration Date: |
| Amount to be Charged: | |
| Email address to forward Receipt: | |
| Contact Phone Number: | |

Please Fax to: 207-968-3782 or Email to: necompact@fairpoint.net