

REGISTRATION

NFPA Conference & Expo

Mandalay Bay Convention Center • Las Vegas, Nevada • June 7-10, 2010



Your registration will be promptly confirmed by email.

Register Online
nfpa.org/conference

Register by Phone
1-888-397-6209

Register by Mail
NFPA Registration
c/o Exgenex, Inc.
437 Turnpike Street
Canton, MA 02021

Register by Fax
1-781-821-6725
Do not mail after faxing

STEP 1: GENERAL INFORMATION

First Name: _____ Last Name: _____

Title: _____ PE PhD CFPS Other

Company/Affiliation: _____

Mailing Address: _____

City: _____

State/Zip/Country: _____

Nickname for Badge: _____ First-Time Attendee

Email (required for confirmation): _____

Daytime Phone: _____ Fax: _____

Associate/Guest Name for Badge: _____ (Admission to general session and expo only)

Emergency Contact Name: _____ Emergency Contact Phone: _____

MEMBERSHIP INFORMATION

NFPA Member # _____ Non-Member

Technical Committee Member (Committee name) _____

STEP 2: CONFERENCE REGISTRATION

20% discount for Technical Committee (TC) members!

FULL CONFERENCE REGISTRATION

Includes all sessions and the Exposition (does not include Pre-Conference Seminars)

EARLY-BIRD RATE – by April 30, 2010

- NFPA Member \$695
- Non-Member \$795
- TC**/NFPA Member \$550
- TC**/Non-Member \$635

After April 30, 2010

- NFPA Member \$795
- Non-Member \$895
- TC**/NFPA Member \$635
- TC**/Non-Member \$715

AMOUNT

\$ _____

SINGLE-DAY REGISTRATION

Includes Exposition; does not include Pre-Conference Seminars (Choose one day only)

- Mon Tues Wed/Thur

- NFPA Member \$265 Non-Member \$295
- TC**/NFPA Member \$210 **TC**/Non-Member \$235

\$ _____

EXPOSITION ONLY

Does not include Conference or Pre-Conference Seminars. Free when you register in advance. \$95 Onsite (unless you present this form)

- Member Non-Member

\$ **FREE**

STEP 3: PAYMENT INFORMATION

FULL PAYMENT IS DUE WITH REGISTRATION. PURCHASE ORDERS NOT ACCEPTED. NFPA WILL NOT INVOICE FOR THIS EVENT.

- Enclosed is my check # _____, payable to *NFPA*.
(Registrant's name must appear on check.)

Charge to the following credit card:



Card #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Billing Address (if different): _____

STEP 4: ATTENDEE INFORMATION

Which of the following best describes your current job function? (Check one only)

- | | |
|---------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> A. Architect | <input type="radio"/> K. Inspector/Building Official |
| <input type="radio"/> B. Building Owner/Manager | <input type="radio"/> L. Installer |
| <input type="radio"/> C. Consultant/Consulting Engineer | <input type="radio"/> M. Loss Control/Risk Manager |
| <input type="radio"/> D. Contractor | <input type="radio"/> N. Manager/Administrator |
| <input type="radio"/> E. Educator | <input type="radio"/> O. Manufacturer |
| <input type="radio"/> F. Engineer | <input type="radio"/> P. Owner/President/CEO |
| <input type="radio"/> G. Facilities Manager | <input type="radio"/> Q. Safety/Security Manager |
| <input type="radio"/> H. Fire Chief | <input type="radio"/> R. Sales/Marketing |
| <input type="radio"/> I. Fire Marshal | <input type="radio"/> S. Other _____ |
| <input type="radio"/> J. Fire Service | |

What industry or business is your organization in? (Check all that apply)

- | | |
|------------------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> A. Architecture | <input type="radio"/> I. Health Care |
| <input type="radio"/> B. Contractor/Installation | <input type="radio"/> J. Industry/Factory/Warehouse |
| <input type="radio"/> C. Commercial (Office, Retail, Restaurant) | <input type="radio"/> K. Insurance/Risk Management |
| <input type="radio"/> D. Detention/Prisons | <input type="radio"/> L. Lodging |
| <input type="radio"/> E. Education | <input type="radio"/> M. Military |
| <input type="radio"/> F. Electrical Services | <input type="radio"/> N. Utilities |
| <input type="radio"/> G. Fire Service (public or private) EMS | <input type="radio"/> O. Other _____ |
| <input type="radio"/> H. Government | |

Which of the following products do you buy, specify, recommend, or approve for your company? (Check all that apply)

- | | |
|-------------------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> A. Alarm/Detection Systems | <input type="radio"/> G. Hazmat Storage/Handling |
| <input type="radio"/> B. Building Construction Materials | <input type="radio"/> H. Pumps/Controls/Valves |
| <input type="radio"/> C. Education/Training | <input type="radio"/> I. Security Products/Services |
| <input type="radio"/> D. Electrical Equipment/Services | <input type="radio"/> J. Sprinklers/Sprinkler Systems |
| <input type="radio"/> E. Extinguishers/Foams/Exiting Equip. | <input type="radio"/> K. Signaling Systems |
| <input type="radio"/> F. Fire Department Equip./Services | <input type="radio"/> L. Other _____ |

How much fire protection/life safety equipment/services does your company buy or specify annually? (Check one only)

- | | |
|---------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> A. Less than \$150,000 | <input type="radio"/> D. \$1,000,000 to \$5,000,000 |
| <input type="radio"/> B. \$150,000 to \$500,000 | <input type="radio"/> E. More than \$5,000,000 |
| <input type="radio"/> C. \$500,000 to \$1,000,000 | <input type="radio"/> F. Not Applicable |

Purchasing Authority? (Check one only)

- A. Recommend B. Specify C. Approve D. No Involvement

Photo identification is required to pick up your registration materials onsite. You may not pick up anyone else's materials. One-day registrations can only be picked up on the day the registration is valid. CANCELLATIONS must be made in writing and sent to: NFPA Registration, c/o Exgenex, Inc., 437 Turnpike Street, Canton, MA 02021. Registration cancellations received prior to May 14, 2010, will receive a refund. A \$75 processing fee will be deducted. Cancellations received after May 14, 2010, are nonrefundable. Registration questions? Call 888-397-6209 or email NFPA2010@exgenex.com.