

2016 OVFA Conference Registration Form

Four Day Conference: ☐\$434 for member

Three Day Conference ☐\$343 for members

Two Day Conference: ☐\$243 for members

One Day Conference ☐\$143 for members

Non-OVFA members, add \$75.00 to registration cost

Please select t-shirt size: ☐M ☐L ☐XL ☐XXL ☐XXXL

☐\$35 Extra Banquet Meal for guest

Please select the combination of classes you'd like to attend. Classes will be scheduled based on availability.

Please indicate 1st, 2nd and 3rd choice classes and circle preferred day of one-day class options.

Single Day Classes

Multiple Day Classes

- ☐ Alternative Fuels (Wed Only)
- ☐ Vehicle Extrication (Thurs Only)
- ☐ EMS Topics (Thurs Only)
- ☐ Instructional Topics (Fri Only)
- ☐ Traffic Incident Mgmt (Thurs, Fri or Sat)
- ☐ Chiefs Toolbox/American Command (Fri Only)
- ☐ Recruitment & Retention (Sat Only)

- ☐ Advanced Fire Behavior (Wed/Thurs)
- ☐ Incident Safety Officer (Thurs/Fri)
- ☐ Basic Fire Investigation (Thurs/Fri)
- ☐ Haz Mat Incident Commander (Fri/Sat)
- ☐ Farm Rescue/Heavy Equip (Fri/Sat)
- ☐ Wildland S330 (Wed/Thurs/Fri)
- ☐ Water Rescue (Thurs/Fri/Sat)
- ☐ High Angle Rope Rescue (Wed/Thurs/Fri/Sat)

Registrations received after June 1st will be charged a \$25.00 late fee.

Full conference includes breakfast, lunch, Friday banquet social activities, challenge coin & t-shirt.

Attendee Name: _____ Attendee Email: _____

Attendee Phone: _____ Agency Phone: _____

Agency: _____ Agency Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Oregon Volunteer Firefighter Conference Liability Statement of Understanding and Assumption of Risk

I understand and acknowledge that *hosting fire districts* are acting as an agent of the Oregon Volunteer Firefighters Association (OVFA) in coordinating its annual conference, beginning on June 5, 2016. Recreational activities are the sole responsibility of the attendee. I understand that as a participant, my exclusive remedy for injury or illness, which may arise out of participation in this conference, rests solely with my agency or affiliation and/or with me. Recreation activities are not mandatory. Risks associated with participation in any activities, including transportation to and from the event are the responsibilities of the Participant. By signing you are agreeing that as a participant you have informed your department of your involvement in the OVFA Conference.

Name: _____ Attendee Signature: _____

Date: _____ Chief/Training Officers Signature: _____

*Parent/Guardian: _____

*If participant is under 18, this form requires the signature of a parent or guardian.

OVFA Conference Payment Method Options:

☐ Bill Department

☐ Check (Make Payable to OVFA)

☐ Credit Card Account # _____

Exp Date _____

CSV Code _____ Billing Zip Code _____

Please mail, email or fax your completed registration to:

OVFA Conference 1284 Court St. NE, Salem, OR 97301

FAX: 503-364-9919 Phone: 503-378-0896 christina@ovfa.org