

NFPA CONFERENCE & EXPO

Mandalay Bay Convention Center • Las Vegas, NV • June 9-12, 2014

STEP 1 General Information

IMPORTANT! NFPA Members—to ensure your discount and voting privileges, please sign-in using your NFPA profile email and password. (The email that you use for your Membership.) Please take note as packages may have changed slightly. Technical Committee Members receive a 20% discount on the Conference registration fee.

Name: _____ Suffix: _____ First-Time Attendee
 Title: _____ Company/Affiliation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email (required): _____
 Daytime Phone: _____ Fax: _____
 Spouse Name for Badge (If attending – Admission to General Session and Expo only): _____
 Emergency Contact Name: _____
 Emergency Contact Phone: _____ Emergency Contact Email: _____

Membership Information

Non-Member NFPA Member # _____
 Technical Committee Member Committee Acronym: _____

NFPA is committed to providing appropriate assistance for persons with disabilities so that everyone may have access to our programs and events. Please check here if you would like NFPA to help make arrangements for special needs that you require to attend our conference. Or call 1-617-984-7310.

STEP 2 Conference Registration (June 9-12)

Full Conference Includes the General Session, all Education Sessions, Association Technical Meeting and the Expo.	Non-Member	<input type="checkbox"/> \$1100
	Member	<input type="checkbox"/> \$990
	Early-Bird Rate (by April 25)	<input type="checkbox"/> \$935
	Technical Committee Member	<input type="checkbox"/> \$880

Association Technical Meeting Only*

Badges will be issued starting on Wednesday.
Wednesday, June 11 and/or Thursday, June 12 \$200

Expo Only* Includes the General Session on Monday
 Free in advance (\$95 onsite unless you present a registration form.) FREE

*Does not include Education Sessions.

STEP 3 Payment Information (PREPAYMENT IS REQUIRED)

Full payment is due with registration. Purchase orders not accepted. NFPA will not invoice for Conference.

Enclosed is my check # _____, payable to NFPA.
 (Registrant's name or organization must appear printed on the check.)

Charge to the following credit card:    

Account #: _____ Exp. Date _____
 Security Code (3 digit code on the back of your card) _____
 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="checkbox"/> A. Architect	<input type="checkbox"/> J. Fire Fighting
<input type="checkbox"/> B. Consultant	<input type="checkbox"/> K. Building Official
<input type="checkbox"/> C. Contractor	<input type="checkbox"/> L. Loss Control/Risk Manager
<input type="checkbox"/> D. Educator	<input type="checkbox"/> M. Manager/Administrator
<input type="checkbox"/> E. Electrical Engineer	<input type="checkbox"/> N. Owner/President/CEO
<input type="checkbox"/> F. Engineer	<input type="checkbox"/> O. Safety Manager
<input type="checkbox"/> G. Fire Protection Engineer	<input type="checkbox"/> P. Sales/Marketing
<input type="checkbox"/> H. Fire Service Administrator	<input type="checkbox"/> Q. Other _____
<input type="checkbox"/> I. Fire Inspection	

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

<input type="checkbox"/> A. Architecture	<input type="checkbox"/> H. Government
<input type="checkbox"/> B. Contractor/Installation	<input type="checkbox"/> I. Health Care
<input type="checkbox"/> C. Consulting	<input type="checkbox"/> J. Industrial/Factory/Warehouse
<input type="checkbox"/> D. Education	<input type="checkbox"/> K. Insurance/Risk Management
<input type="checkbox"/> E. Electrical	<input type="checkbox"/> L. Military
<input type="checkbox"/> F. Fire Protection Industry	<input type="checkbox"/> M. Utilities
<input type="checkbox"/> G. Fire Service (public or private)	<input type="checkbox"/> N. Other _____

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

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

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

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

Purchasing authority? (Check one only)

<input type="checkbox"/> A. Recommend	<input type="checkbox"/> C. Approve
<input type="checkbox"/> B. Specify	<input type="checkbox"/> D. No Involvement

Register by April 25 and SAVE!
 No one under the age of 18 is allowed to attend the conference or expo.