



Indiana Fire Instructors Association
Duneland School of Emergency Response

IVFA #
IVFA pays \$5.00 toward courses for members

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_
Please use all CAPS and print clearly

Home Tel# \_\_\_\_\_ Work Tel # \_\_\_\_\_ Ext \_\_\_\_\_
\*\*\*\*\*

Payment: Check - Visa - MC or Dept. PO # \_\_\_\_\_ Exp \_\_\_\_\_
Security Code \_\_\_\_\_ (3 digit # on the back of the card)

Authorized Billing Agent \_\_\_\_\_ Attn: \_\_\_\_\_
Department Name, Company Name

Name of Superior who authorized payment \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Tel# \_\_\_\_\_

Email Address to mail invoice \_\_\_\_\_

Point of Contact \_\_\_\_\_ Tel # \_\_\_\_\_

In the event a class is canceled, please complete a 2nd choice

Table with 6 columns: Choice (1st, 2nd, 3rd) and Dates (Apr. 10, Apr. 11, Apr. 17, Apr. 18). Each cell contains a blank line for registration.

Class sizes are limited, classes will be filled on a first-come first-served basis. NOTE: Therefore, all registration fees must be paid in advance.

Mail to: (IFIA), 1048A N. Luther Rd., Georgetown, IN 47122 or FAX 812-903-0105. You may call in your registration(s) to 800-235-0282/812-903-0103 or e-mail at ifia@insightbb.com

Cancellation Policy: The last day to cancel is March 29th, 2010. Any cancellations after this date will be charged a \$25.00 processing fee. The Billing Agent will be responsible for the full class fee if any of the students are a "no show" to class. There will be no refunds or credits issued. At the time of your cancellation, you will receive a cancellation number. Keep this number for your records. By registering for Duneland Fire School, you agree to this cancellation policy.

If you would like to purchase books (if they are required for your class please complete below.
Billing Agent \_\_\_\_\_ Attn \_\_\_\_\_
Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
Tel# \_\_\_\_\_ Ship to : Home \_\_\_\_ Business \_\_\_\_\_
Name \_\_\_\_\_ Address \_\_\_\_\_
State \_\_\_\_ Zip \_\_\_\_\_ Attn \_\_\_\_\_
Book Title \_\_\_\_\_
There will be a shipping charge of \$8.00 to business and \$9.00 to residence.
If you would like to pick your book up at the school Please check :
\_\_\_\_\_ pick up at school

Office Use only

Invoice \_\_\_\_\_
Payment \_\_\_\_\_
Books \_\_\_\_\_
Books Mailed \_\_\_\_\_
Other \_\_\_\_\_