



## Indiana Fire Instructors Association

### Jasper School of Fire & Emergency Response 2017

Name \_\_\_\_\_ PSID# \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Please print clearly.

Cell 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# \_\_\_\_\_

E-mail Address to e-mail invoice (If applicable) \_\_\_\_\_

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

In the event a class is canceled, please complete a 2<sup>nd</sup> & 3<sup>rd</sup> choice

	Mar. 25	Mar. 26		Apr. 1	Apr. 2
1 <sup>st</sup> Choice	_____	_____	1 <sup>st</sup> Choice	_____	_____
2 <sup>nd</sup> Choice	_____	_____	2 <sup>nd</sup> Choice	_____	_____
3 <sup>rd</sup> Choice	_____	_____	3 <sup>rd</sup> Choice	_____	_____

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 – a purchase order from a department is considered paid in advance.

**Mail to:** (IFIA), 6229 Highway 150, Floyds Knobs IN 47119 or FAX 812-903-0105. You may call in your registration(s) to 812-903-0103/800-235-0282 or e-mail at ifia@ifia.org

**Cancellation Policy:** The last day to cancel is March 3<sup>rd</sup>, 2017. 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 Jasper 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 an “actual cost” shipping charge added.  
**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 _____