

**122nd Annual Conference & Expo**  
**Virginia State Firefighters Association & Auxiliary**  
**August 13 - 16, 2008**  
**Hampton, Virginia**

Hosted by: *Virginia State Firefighter's Association*

Registration Form

Registration Fees for members, spouses, & delegates are **\$35.00** each. Children six (6) to twelve (12) years of age will be \$ 10.00 each. Under 6 yrs. of age will be no charge. Please complete the information below, including the motel where they will be staying.

Checks should be made payable to VSFA Convention Account and mailed to, P.O. Box 9413, Hampton, Virginia 23670 **no later than July 31, 2008**. Please duplicate this form as necessary.

Names of Persons Attending	Delegate, Member, Guest, or Child	Motel Where Staying	Fee \$
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Registration fees in the amount of \$ \_\_\_\_\_ are enclosed.

Department/Auxiliary Name: _____	Telephone: _____
Address: _____	
Town/City: _____	Zip _____

Indicate number of people interested in shopping trip \_\_\_\_\_

Please mail this completed form by **July 31, 2008** to:  
 VSFA Convention Account, P.O. Box 9413, Hampton, Va. 23670

