



2023 Conference/Expo Attendee Registration



September 20-23, 2023
Hampton Roads Convention Center
1610 Coliseum Drive

NAME: _____

REGISTRATION TYPE

Early Bird Registration fees for Delegates, Aux., Members, & Guests 15 years old & up
\$60.00 each. \$70.00 after August 30th.

___ VSFA Delegate

___ VAVRS Delegate

___ VSFA Member

___ VAVRS Member

___ VSFA Aux Member

___ AVAVRS Member

___ VSFA Guest

___ VAVRS Guest

EMAIL: _____

PHONE: _____

Name of Organization _____

FIRE DEPT: _____

VSFA Auxiliary _____

VAVRS Organization _____

AVAVRS Organization _____

OTHER _____

How many children will you be registering between age 6 - 15? _____

Use extra pages for additional people you will be registering?

Early Registration Fee is **\$60.00 per person**. Registration Fee after **August 30th** is **\$70.00**.

Enter total on last page

Add'l Attendee Name #1: _____

- | | |
|---|--|
| <input type="checkbox"/> VSFA Delegate | <input type="checkbox"/> VAVRS Delegate |
| <input type="checkbox"/> VSFA Member | <input type="checkbox"/> VAVRS Member |
| <input type="checkbox"/> VSFA Auxiliary | <input type="checkbox"/> VAVRS Auxiliary |
| <input type="checkbox"/> VSFA Guest | <input type="checkbox"/> VAVRS Guest |

Add'l Attendee Name #2: _____

- | | |
|---|--|
| <input type="checkbox"/> VSFA Delegate | <input type="checkbox"/> VAVRS Delegate |
| <input type="checkbox"/> VSFA Member | <input type="checkbox"/> VAVRS Member |
| <input type="checkbox"/> VSFA Auxiliary | <input type="checkbox"/> VAVRS Auxiliary |
| <input type="checkbox"/> VSFA Guest | <input type="checkbox"/> VAVRS Guest |

Add'l Attendee Name #3: _____

- | | |
|---|--|
| <input type="checkbox"/> VSFA Delegate | <input type="checkbox"/> VAVRS Delegate |
| <input type="checkbox"/> VSFA Member | <input type="checkbox"/> VAVRS Member |
| <input type="checkbox"/> VSFA Auxiliary | <input type="checkbox"/> VAVRS Auxiliary |
| <input type="checkbox"/> VSFA Guest | <input type="checkbox"/> VAVRS Guest |

Add'l Attendee Name #4: _____

- | | |
|---|--|
| <input type="checkbox"/> VSFA Delegate | <input type="checkbox"/> VAVRS Delegate |
| <input type="checkbox"/> VSFA Member | <input type="checkbox"/> VAVRS Member |
| <input type="checkbox"/> VSFA Auxiliary | <input type="checkbox"/> VAVRS Auxiliary |
| <input type="checkbox"/> VSFA Guest | <input type="checkbox"/> VAVRS Guest |

Add'l Attendee Name #5: _____

- | | |
|---|--|
| <input type="checkbox"/> VSFA Delegate | <input type="checkbox"/> VAVRS Delegate |
| <input type="checkbox"/> VSFA Member | <input type="checkbox"/> VAVRS Member |
| <input type="checkbox"/> VSFA Auxiliary | <input type="checkbox"/> VAVRS Auxiliary |
| <input type="checkbox"/> VSFA Guest | <input type="checkbox"/> VAVRS Guest |

Add'l Attendee Name #6: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #7: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #8: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #9: _____

VSFA Delegate

VAVRS Delegate

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VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #10: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #11: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #12: _____

VSFA Delegate

VAVRS Delegate

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VAVRS Guest

Add'l Attendee Name #13: _____

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VAVRS Guest

Add'l Attendee Name #14: _____

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VAVRS Guest

Add'l Attendee Name #15: _____

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VAVRS Guest

Add'l Attendee Name #16: _____

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VAVRS Guest

Add'l Attendee Name #17: _____

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VAVRS Guest

Add'l Attendee Name #18: _____

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VAVRS Auxiliary

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VAVRS Guest

Add'l Attendee Name #19: _____

VSFA Delegate

VAVRS Delegate

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VAVRS Member

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VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #20: _____

VSFA Delegate

VAVRS Delegate

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VAVRS Member

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VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #21: _____

VSFA Delegate

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VSFA Guest

VAVRS Guest

Add'l Attendee Name #22: _____

VSFA Delegate

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VAVRS Auxiliary

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VAVRS Guest

Add'l Attendee Name #23: _____

VSFA Delegate

VAVRS Delegate

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VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #24: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

Add'l Attendee Name #25: _____

VSFA Delegate

VAVRS Delegate

VSFA Member

VAVRS Member

VSFA Auxiliary

VAVRS Auxiliary

VSFA Guest

VAVRS Guest

How many children will you be registering between age 6 - 15? _____

TOTAL: _____

Make check payable to FRV Conference Account. Mail to FRV Conference, PO Box 9413, Hampton, VA 23670 NO LATER THAN August 30, 2023.

Requests for refunds must be received prior to August 30, 2023. Refunds will be made 30 days after the Conference. Administrative fees will be deducted from the refund.