



# 2025 NSFA Conference Registration Form

Fallon, Nevada  
June 25 – 28, 2025

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## NSFA MEMBERSHIP RENEWAL

For members who will be paying for their own membership dues.

ITEM	COST	CHECK IF PURCHASING	TOTAL PRICE
NSFA Active Membership Dues (FY-2025)	\$25	<input type="checkbox"/>	
NSFA Associate Membership Dues (FY-2025)	\$30	<input type="checkbox"/>	

## CONFERENCE REGISTRATION

Price Includes: Reunion Dinner, Conference Dinners, and Banquet.

ITEM	COST	CHECK IF PURCHASING	TOTAL PRICE
NSFA Member Registration	\$125	<input type="checkbox"/>	
General Registration	\$150	<input type="checkbox"/>	
Late Fee (After 6/10/2025)	\$10	<input type="checkbox"/>	

## PRE-CONFERENCE EVENTS – 6/25/2025

ITEM	COST	CHECK IF PURCHASING	TOTAL PRICE
Golf with Lunch @ Fallon Golf Course	\$45	<input type="checkbox"/>	
Trap Shooting @ Fallon Flyers Trap Club	\$60	<input type="checkbox"/>	

## Spouse/Guest Events

ITEM	COST	CHECK IF ATTENDING
Memory Boutique & Bottles and Brie (Mimosas and Charcuterie donated by Fallon/Churchill VFD)	Donated	<input type="checkbox"/>
Hat and Jewelry making available at the events	INC.	<input type="checkbox"/>

## Dinners

ITEM	COST	CHECK IF ATTENDING
Reunion Dinner @ Twisted Branch 6/25/2025	INC.	<input type="checkbox"/>
Spaghetti Feed @ Churchill Arts Council 6/26/2025	INC.	<input type="checkbox"/>
Tri-Tip Dinner @ Fallon Trap Club 6/27/2025	INC.	<input type="checkbox"/>
Banquet Dinner @ 3-C Arena 6/28/2025	INC.	<input type="checkbox"/>

## Scholarship Tickets

Tickets will be in available after arrival onsite.

ITEM	COST	QTY	TOTAL PRICE
1 Scholarship Ticket	\$1		
10 Scholarship Tickets	\$10		

Please submit this form and full payment to:

**Fallon/Churchill VFD**  
**20 N. Carson St.**  
**Fallon, Nv. 89406**

## Totals

Column 1 Subtotal	
Column 2 Subtotal	
Total Due	

### PAYMENT METHOD

- ☐ Cash  
☐ Check - Check #: \_\_\_\_\_  
☐ To Pay with a credit or debit card please visit <https://nsfa.org/conference>

Please Submit One (1) Form Per Attendee



## LIVE BURN ACCOUNTABILITY

**Individual Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Known Medical Problems:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_

**Training Level:** The above named individual meets the following training Job Performance Requirements prior to entering live fire training. These JPR subjects are listed in NFPA 1403, 4.3.1 & 4.3.2. To meet these requirements the individual and Chief or his/her designee needs to certify that the training has been received.

Safety	Fire Behavior	Portable extinguishers
Personal Protective Equipment	Fire hose, appliances, and streams	Ladders
Overhaul	Water Supply	Ventilation
Forcible Entry		

SCBA Fit Test Date: \_\_/\_\_/\_\_\_\_ Medically cleared to wear SCBA \_\_/\_\_/\_\_\_\_

I \_\_\_\_\_ certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.

Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

I \_\_\_\_\_ certify that \_\_\_\_\_ has received the above training prior to entry into the Live Fire Training being offered. I also certify the above information is true.

**Signature of Chief or his designee:** \_\_\_\_\_

Rank \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

### **Turnout Gear Inspection:**

Coat \_\_\_\_\_ Pants \_\_\_\_\_ Helmet \_\_\_\_\_ Boots \_\_\_\_\_

Gloves \_\_\_\_\_ Hood \_\_\_\_\_ SCBA \_\_\_\_\_ Pass \_\_\_\_\_

Accountability Tag: \_\_\_\_\_ Problems with gear/SCBA: \_\_\_\_\_

*NOTE: Remember to keep crews well hydrated during time in staging or rehab*

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>Pre Entry # 1</i>						
<i>Post Entry</i>						
<i>5 Minutes</i>						
<i>20 Minutes</i>						
<i>Pre entry # 2</i>						
<i>Post Entry</i>						
<i>5 Minutes</i>						
<i>20 Minutes</i>						

Signature Lead Instructor: \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

Signature Safety Officer: \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_