



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		

Totals

Column 1 Subtotal	
Column 2 Subtotal	
Total Due	

Please submit this form and full payment to:

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

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 __/__/____