



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			
ITEM	COST	CHECK IF PURCHASING	TOTAL PRICE
Golf @ Fallon Golf Course (6/25/2025)	\$45	<input type="checkbox"/>	
Trap Shooting @ Fallon Flyers Trap Club (6/27/2025)	\$60	<input type="checkbox"/>	

Spouse/Guest Events – 6/26 & 6/27		
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 __/__/____