



REGISTRATION FORM

Firestop Education & Committee Action
Conference

April 29-May 2, 2008

The Edgewater, 2411 Alaskan Way, Pier 67, Seattle, WA

Attendee _____ Company _____

Attendee #2 _____ Attendee #3 _____

Attendee #4 _____ Attendee #5 _____

Address _____ City/St/Zip _____

Phone _____ Fax _____ Days attending: T ___ W ___ TH ___ Fr ___

Email: _____ Spouse/Guest _____

ROOM & TRANSPORTATION

Hotel: The Edgewater, 2411 Alaskan Way, Pier 67, Seattle, WA, 98121.....on the waterfront!

Rates per night: \$189/night – SPECIAL RATE! – RESERVE EARLY - FREE INTERNET!

Reservations by Phone: 800-624-0670 or direct 206-728-7000, ask for Firestop Contractors Int'l. Association

DEADLINE FOR FCIA HOTEL RATE: March 31, 2008

Parking(Valet Only): \$28, overnight includes in/out privileges

Ground Transportation: Taxi (\$35), Super Shuttle \$27

Air: Seattle-Tacoma Airport (Code-SEA), To verify air carriers: <http://www.portseattle.org/seatac/>, 14 mile trip

Weather: Average High – 60 degrees F, Average Low – 45 degrees F

REGISTRATION FEES – US FUNDS

Conf. Fee – Mbr.	\$450 x	___ =	_____
Conf. Fee – Mbr., add'l. Attendees	\$350 x	___ =	_____
Conf. Fee – Non-mbr.	\$600 x	___ =	_____
FM 4991 DRI Test – Mbr.	\$610 x	___ =	_____
FM 4991 DRI Test – Non Mbr.	\$675 x	___ =	_____
FM 4991 DRI Test Renewal – Mbr.	\$300 x	___ =	_____
UL DRI Test	\$450 x	___ =	_____
Spouse Lunch (Wed.)	\$45 x	___ =	_____
Spouse Tour & Lunch (Thurs)	\$45 x	___ =	_____

SPONSORSHIPS – available for all attendees

Conference Lunch	\$1000 x	___ =	_____
Conference Break	\$500 x	___ =	_____
Early Bird Discount*	-\$25 x	___ =	_____

TOTAL \$ SUBMITTED \$ _____

- **FCIA Early Bird Discount – \$25 per attendee**
if conference registration is received at FCIA Office
by 3/31/08* Cannot be used for spouse cost
- **HOTEL RESERVATION DEADLINE: 3/31/08**
- **FRI/SAT. NIGHT ROOMS WILL GO FAST!******

PAYMENT OPTIONS – (US FUNDS)

- **Check**, payable to FCIA, mail to:
4415 W. Harrison, Suite 322A
Hillside, IL 60162

- **Credit Card**, fax to: 708-449-0837

VISA ___ MC ___ AMX ___

Card # _____

EXP DATE ____/____

Cardholder _____

Mailing Address of Cardholder:

FAX COMPLETED FORM TO:
708-449-0837