

NYSAFC REGIONAL HANDS-ON TRAINING



CITY OF HUDSON FIRE DEPARTMENT – COLUMBIA COUNTY – FLASHOVER TRAINING October 26-27, 2019

Registration Fee: \$100/per NYSAFC Member • \$125/per Non-Member

*Student must be a NYSAFC Individual Member or student's fire department must be a NYSAFC Department Member for discounted rate.
Three-hour program includes Flashover Hands-On Training, which immediately follows a one-hour lecture.

Location: City of Hudson Fire Department • Central Station • 77 N. 7th Street • Hudson, NY 12534

Student Prerequisites: Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must provide a signed "Authorization Letter" from the chief of his/her department (a sample letter will be provided with student's registration confirmation). Student **must** complete lecture portion of this program to participate in Hands-On Training.

PPE Requirements: Turnout coats and helmets will be provided to avoid heat and smoke damage to students' department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

REGIONAL HANDS-ON TRAINING STUDENT REGISTRATION FORM CITY OF HUDSON FIRE DEPARTMENT – COLUMBIA COUNTY OCTOBER 26-27, 2019

Student's Information *(Use one form per student.)*

Name: _____ NYSAFC Member #: _____

Title: _____ Department: _____

Phone: () _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Training Date & Session *(Select one date/session. Hands-On Training immediately follows a one-hour lecture.)*

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| <input type="checkbox"/> October 26, 2019 – Session A (8:00 – 11:00 a.m.) | <input type="checkbox"/> October 27, 2019 – Session A (8:00 – 11:00 a.m.) |
| <input type="checkbox"/> October 26, 2019 – Session B (10:00 a.m. – 1:00 p.m.) | <input type="checkbox"/> October 27, 2019 – Session B (10:00 a.m. – 1:00 p.m.) |
| <input type="checkbox"/> October 26, 2019 – Session C (12:00 – 3:00 p.m.) | <input type="checkbox"/> October 27, 2019 – Session C (12:00 – 3:00 p.m.) |

Payment

NYSAFC Individual or Department Member (\$100 per person) Non-Member (\$125 per person)

Method of Payment: Check (Made payable to NYSAFC) Voucher Credit Card Cash

Card #: _____ Expiration Date: _____ / _____ CVN #: _____

Name on Account: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

Return Form and Payment to New York State Association of Fire Chiefs by October 21, 2019:

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063

Fax: (518) 477-4430 • Phone: (800) 676-FIRE • Email: education@nysfirechiefs.com • www.nysfirechiefs.com