

UNIVERSITY OF EXTRICATION
VEHICLE RESCUE TRAINING PROGRAM

DEPARTMENT _____
CONTACT _____
PHONE _____
E-MAIL _____
OF MEMBERS ATTENDING _____

NAMES OF MEMBERS ATTENDING:

PLEASE PRINT AND WRITE NEATLY SO THE NAMES ON THE CERTIFICATES ARE ACCURATE, Please provide e-mail addresses of attending members if available.

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____
- 6: _____
- 7: _____
- 8: _____
- 9: _____
- 10: _____
- 11: _____
- 12: _____
- 13: _____
- 14: _____

Registered on/before April 5, 2012 _____ X \$85 _____

Registered on/after April 6, 2012 _____ X \$95 _____

Register at door on May 5, 2012 _____ X\$110 _____

METHOD OF PAYMENT: VOUCHER _____

CHECK _____

CASH _____

Please make check payable to "West Sayville Fire Department-Co3"

Please Mail to:
West Sayville Fire Department
Company 3-Seminar
80 Main Street
West Sayville, NY 11796

Questions or comments
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epostel@wsfd.com
Scott Kaufman
skaufman@wsfd.com
631-567-9464 ext 137