



REGISTRATION INFORMATION

Please print legibly or type. The following information will appear on your badge.

First Name _____ Last Name _____

Position _____ Agency _____

Mailing Address _____

City _____ State _____ Zip _____ Professional License Number: _____

E-mail Address _____ (You will receive a confirmation via email.)

Do you have influence in making equipment purchases? _____ Yes _____ No

TEWG MEMBERSHIP

_____ I am currently a TEWG member. Chapter: _____

_____ I am not an TEWG member.

Contact Rob McCoy for membership information at: rmccoy@sbcscd.org

CONFERENCE REGISTRATION

REGISTRATION OPTIONS	Before March 1	March 1 & After
Counter Terrorism Summit (May 20)	\$125	\$150
CFEDWest Conference (May 21-23)	\$275	\$325

REGISTRATION

Online with credit card: www.cfedwest.com

Mail: CFCA EMS, P.O. Box 2006, Colton, CA 92324

Fax: (909) 798-0830

Questions?

Please call: (949) 584-8139 • E-mail: wayne@cfedwest.com

PAYMENT INFORMATION

Credit Card: __ AMEX __ MasterCard __ VISA

Card number _____

Exp. date _____

Name on card _____

Signature _____

Check enclosed (payable to CFCA EMS) \$ _____

Purchase Order # _____ (copy attached)

CANCELLATION AND REFUNDS

Cancellation requests received after after February 1, 2008, are subject to a \$75 service fee. Cancellations must be submitted in writing to: CFCA EMS, P.O. Box 2006, Colton, CA 92324. *There are NO refunds after May 1, 2008, or for no-shows!*