

**2010 SPAAMFAA ANNUAL MEETING AND CONVENTION
REGISTRATION FORM**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

E-MAIL _____ NAME(S) FOR NAME TAGS _____

SPAAMFAA CHAPTER AFFILIATION _____

I WOULD LIKE TICKETS FOR:

Thursday, February 18, 2010

8:00am to 12:30pm Tour-Pierce Manufacturing	_____ Tickets @\$25 = \$_____
8:15am to 12:30pm Tour-St Pete FD and Museum	_____ Tickets @\$25 = \$_____
8:30am to 12:00pm Seminar- Hose/Nozzle Repair (Host Hotel)	_____ Tickets
8:30am to 12:30pm Seminar- Fire Extinguishers (Live burn)	_____ Tickets
8:30am to 12:30pm Seminar- Apparatus Maintenance(Host Hotel)	_____ Tickets
12:30pm to 4:30pm Tour-St Pete FD/Museum (St Pete)	_____ Tickets @\$25 = \$_____
1:00pm to 5:30pm Tour-Pierce Manufacturing (Bradenton)	_____ Tickets @\$25 = \$_____
1:00pm to 5:00pm Seminar- Hydraulics (Host Hotel)	_____ Tickets

Friday, February 19, 2010

8:30am to 3:45pm Tour-Tampa Fire Department (Tampa)	_____ Tickets @\$25 = \$_____
9:00am to 12:30pm Tour-Armed Forces Museum (Largo)	_____ Tickets @\$25 = \$_____
1:00pm to 5:00pm Exercise Hydraulics Tampa Fire Academy	_____ Tickets

Saturday, February 20, 2010

6:00pm to 10:00pm Banquet London Broil#_____ Chicken Marsala#_____ _____ Tickets @\$35 = \$_____

I WOULD LIKE TO PURCHASE

DASH PLATES: Additional apparatus dash plates _____ Plates @\$5ea = \$_____
(note – all registered apparatus get one plate free)

T-SHIRTS: I would like ___ commemorative T-shirts at \$15.00 each (pre-registration price). ___SM ___MED ___LG ___X-LG
___XX-LG ___XXX-LG ___XXXX-LG _____ T-shirts@\$15ea = \$_____

MUGS: I would like ___ commemorative mugs _____ Mugs@\$5ea = \$_____

COASTERS: I would like ___ commemorative coasters _____ Coasters@\$5ea = \$_____

MOUSE PADS: I would like ___ commemorative mouse pads _____ Mouse Pads@\$5 ea = \$_____

Apparatus Exhibitors

Note: You MUST fill out insurance information below. Registering as an Apparatus Exhibitor will entitle the attendee to an official 2010 convention dash plate.

APPARATUS INFORMATION

Year _____ Make _____ Model _____

Type () Pumper (____gpm) () Aerial ladder () City Service Ladder () Steamer () Hand Pump
() Hand Drawn Ladder Wagon () Rescue Bodied Other _____

INSURANCE STATEMENT

Apparatus entries will NOT be accepted unless this section is filled out completely and signed.

Insurance carrier name _____

Policy # _____ Effective date _____ Expiration date _____

The apparatus I am entering will be in sound condition, roadworthy as required by the state in which the apparatus is registered and titled, and will carry liability and property damage insurance (as indicated in information above). This insurance will be in force anytime the apparatus is on the Muster grounds or involved in a Conference/Muster related activity. Each piece of apparatus will be required to have at least a 5 pound ABC fire extinguisher available at all times. Each piece of apparatus will be required to have a set of wheel chocks available at all times. These chocks shall be in place when the vehicle is parked at any conference/muster event. I/we agree to hold Greater Tampa Metro Chapter of SPAAMFAA, the host hotel and the City of Tampa harmless for any liability I/we incur.

Signature _____ Date _____

Print Name _____

FLEA MARKET:

I would like () Indoor Space () or Outdoor Space @ \$10.00 each _____

Vendors MUST pre-register. There will be NO ON SITE REGISTRATION FOR FLEA MARKET VENDORS. For additional Flea Market info, contact Wayne Allen @ 727-842-6100.

There is no rain date; no refunds will be given for any reason. Vendors will be required and expected to pick up and remove all of their trash.

No alcoholic beverages or illegal substances are permitted. Anyone not complying with this will be ejected and subject to any subsequent legal action as may be appropriate. In addition to the above rules and regulations, I/we agree to indemnify and hold harmless Greater Tampa Metro Chapter of SPAAMFAA, Inc, SPAAMFAA, the host hotel and the City of Tampa against all claims, demands, judgments, suits, or actions for injury or damage alleged to have been sustained by any party arising out of our participation in this event.

Vendor's signature _____

Name (print) _____ Date _____

Please send this completed registration form and payment made out to **THE DALMINGO SOCIETY** to:

DALMINGO SOCIETY ATTN: 2010

P.O. BOX 129

OLDSMAR, FL 34677

Registration Questions: Todd Reinbolt (727) 946 – 2080 or SPAAMFAA2010@gmail.com