

REGISTRATION ORFED TRAINING DAY MAY 21st, 2022

ny Name Phone		
State	Zip	
Contact Person		
	State	

#	First and Last Name:	Member	Non-Member

(Additional slots provided on second page).

\$75/ea. \$350/ea.

Total Number Registered (X Class Fee) Remittance \$

Include Membership fee: \$_____ (See supporting membership form for suggested annual dues.)

Please email registration to: ORFEDTreasurer@gmail.com
Mailing Address:
Oregon Fire Equipment Distributors C/O Mike Mann
231 N Tillamook St. Portland, OR 97227

Charge Credit Card _____ Pay by check _____ Amount Enclosed/Charged _____

Address for Card Statement	L	

Card Number: Ex	xpiration:	CVV#:
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#	First and Last Name:	Member	Non-Member