

Georgia Fire Safety Symposium Monday – Friday, June 24 – 28, 2019

Please submit the fee and registration form to the address listed at the bottom of the page.

Symposium registration fee: **\$125.00 per person**

Payable to: **Georgia Fire Safety Symposium**

*****Note: Without Authorized Signature, your registration form will be returned*****

****Authorized Signature (Chief or Supervisor): _____ Date: ____/____/____**

To pre-register and to guarantee the \$125.00 registration fee, registration forms must be received by Friday, May 31, 2019. If the registration form is sent without the fee, please remit your \$125.00 registration fee to the address below **prior to Monday, June 24.** The main registration is from 7:30 a.m. – 9:00 a.m. Monday, June 24, in the Atrium (outside of the Auditorium entrance). **NOTE:** The registration fee will increase to **\$150.00** for individuals registering on site – did not pre-register.

Lodging/ Meals**

If eligible for lodging, you must indicate if lodging at: GPSTC _____ Hotel at your expense _____ Commuting _____

For more information on dormitory lodging and eligibility requirements, please refer to the Georgia Public Safety Training Center's website www.gpstc.org or contact the GPSTC registration office at 478-993-4491.

***** Meals are not provided unless they are listed on the Symposium schedule as a sponsored event*****

Local Area Hotels:

Comfort Suites (478) 994-9494

Best Western Hilltop Inn (478) 994-9260

Ramada Inn (478) 994-5691

Holiday Inn Express (478) 994-9697

Comfort Inn (478) 994-3400

Days Inn (478) 994-2900

PLEASE PRINT:

Name: _____ GPSTC ID or SS#: _____

Title: _____ DOB: ____/____/____ Gender: _____

Agency: _____ Agency#: _____ Phone#: _____ Cell # (optional) _____

Fax#: _____ E-mail Address: _____

Agency Address: _____ City/State/Zip: _____

Type of Agency (check one): Local/State Government _____ Federal Government _____ Private Citizen _____

Certification Type: Educator _____ Inspector _____ Fire Investigator _____ Firefighter _____ EMT/Paramedic _____ Law Enforcement _____ None _____

PLEASE MAIL OR FAX TO: Georgia Fire Safety Symposium Committee

Attn.: Karla Richter

2250 Oak Road, Box # 9

Snellville, GA 30078

Fax: (404) 656-5529 Phone: 404-463-6512

Email: krichter@sfm.ga.gov

PLEASE SIGN AGREEMENT BELOW:

HOLD HARMLESS AGREEMENT

I hereby authorize the Georgia Public Safety Training Center to release my training records to agencies that have an official need for training information. I further authorize the use of my name, agency/address and phone number on a class distribution roster.

In consideration of receiving permission to obtain training, aids, supplies equipment, materials, and services to support training programs designed for state and local public safety agencies taught by the Georgia Public Safety Training Center, and being permitted and privileged to participate or assist others in public safety training courses conducted by or through the Georgia Public Safety Training Center, the undersigned, himself, his heirs, his representative and assigns, hereby

RELEASES, REMISES AND FOREVER DISCHARGES and agrees to save and hold harmless and indemnify the Georgia Public Safety Training Center and its directors, instructors, all training agencies and related personnel, the Georgia Board of Public Safety, and the State of Georgia, of and from all liability claims, demands, causes of action and possible claims whatsoever, arising out of or related to any loss, damage or injury that may be sustained by persons or property, that may otherwise accrue to any of us or our respective heirs or representatives while in, on, en route to, from or out of the Georgia Public Safety Training Center, or resulting directly or indirectly from any training received or offered by the Georgia Public Safety Training Center, including but not limited to any driving courses or training at the Georgia Public Safety Training Center and at any and all state training centers from any cause whatsoever including negligence of any of the foregoing releases.

*Student Signature: _____ Date: _____