

2017 NEBRASKA FIRE SCHOOL
VENDOR REGISTRATION FORM

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Cell Phone: _____

Number of Tables or Spaces: _____ Number of Vehicles to Display: _____

Product Marketed: _____

Names of People who will be attending. (Please list all personnel representing your company at the Nebraska State Fire School)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TO PAY BY CREDIT CARD: PLEASE PRINT AND COMPLETE THE INFORMATION BELOW:

Name on Credit Card: _____

(The NSVFA / Fire School does not accept American Express)

Credit Card Number: _____

(Street address as it appears on Card Holder's Credit Card Statements) (Zip Code)

Expiration Date of Card: _____

Card Security Code (Last 3 Digits on Back of Card) _____

Amount: _____ (Will be Completed by Rod Buethe)

Make check payable to: Nebraska State Fire School
20304 Westridge Road, Gretna, NE 68028
Phone: 402-332-4828