

CITY OF RAPID CITY
TRAVEL REQUEST

LF031407-07

Person requesting travel Mike Thompson Department EMS 0890

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)
Fire Rescue Med

List all other City employees, if any, making the trip for the same purpose: Kurt Klunder

Place of meeting or destination: Las Vegas, NV

Date of meeting 4/30/07-5/2/07

Date trip to begin 4/29/07 Date trip will end 5/3/07

Method of transportation requested Air

Estimated transportation cost \$ 1060.00

Meals 258.00

Lodging 4 days \$103.55/night x 7 724.85

Other costs - description Registration 890.00

Total estimated cost of trip \$ 2933.05

Signed _____ Date Garry Shepherd Date 4-23-07
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ _____

Approved: _____ Date _____
Mayor

When the cost of the trip will exceed \$1,500, per event, Council approval is required.

Approved by Common Council on _____ (Date)

White copy - Mayor

Yellow copy - Finance

Gold copy - Department copy

RCDF&ES General Applications for Course Attendance & Request for Travel / Expenses

Name: Kurt Klunder Signature: [Signature] Today's Date: 2/7/07

Full Course / Event Name: Fire-Rescue med Conference

Event Dates: April 28-May 2 Travel Dates: Date Leaving April 29 Time Leaving _____

Date Returning May 2 Time in RC _____

Event Location: Rapid City Las Vegas, NV.

Reasons for Requesting Course: _____ Approved: B/C or Division Chief

Required For Promotion Education Chief

Required For Apprenticeship Denied: B/C or Division Chief

Required For Current Position Education Chief

Other _____ Reason For Denial _____

B/C or Div. Chief Conditions for Approval [Signature]

B/C or Div. Chief Signature _____ Ed. Chief Sig. [Signature]

Other Department Employees that are going with me are: _____

I am Requesting:

On Duty Time: Dates & Times 4/30/07 0700-0760 Overtime Pay for _____ Hours Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)
 There is no Registration / Tuition
 Registration / Tuition Cost \$ \$590
 I will pay and be reimbursed later.
 I will have them bill the Department
 It will need to be paid before I go
 I need to take a check with me
 Registration / Tuition will be paid by: _____

Travel Expenses:

I am Requesting a Department Vehicle. I prefer to take _____
Estimate of Fuel Cost \$ _____

I am Requesting Airline Travel.

I've taken care of my own flight/travel arrangements. Total Cost is \$ _____

I will arrange flight/travel with the Administrative Assistant.

I must arrive by: April 29

I am available to return at: May 2

Lodging:

I don't need lodging.

I've taken care of my own lodging arrangements. Total cost is \$ _____

I will arrange lodging with the Administrative Assistant.

Lodging starting the night of April 29

Through the night of May 1

The Conference / Course is being held at following Hotel/Motel and is my preference for Lodging. The Orleans Hotel and Casino

Meals

I will need meals

The following number of meals included with the Conference/ Course

Breakfast _____

Lunch _____

Supper _____

I will be attending the NFA and will need a check for \$ _____

I will not need meals

Other Expenses:

I need to rent a car for _____ days at an approximate cost of \$ _____ per day.

I have other expenses. They are:

I am aware that I will need to speak with the Administrative Assistant regarding expenses following my return.

Please list any special needs required for your attendance at this Conference / Course



April 30-May 2, 2007
Las Vegas, Nevada • www.iafc.org/frm

Presented by EMS Section of the IAFIC in partnership with EMS



Registration Form

Complete one form per registrant. Please make additional copies of the form for multiple registrants. This form must be completed in its entirety for your registration to be processed in a timely manner.

1. REGISTRATION INFORMATION: (Required to process form)

Name Keith Klunder IAFC Member Number _____

Title FF/Paramedic

Rank (Please choose from the list of options below.):
 (a) Fire Chief (b) Chief Officer (c) Company Officer
 (d) Staff Officer (e) Firefighter (f) Firefighter/Paramedic
 (g) EMS Officer (h) Emergency Management (i) Other _____

Organization Rapid City Dept. of Fire & Emergency Services

Address 10 Main St.

City Rapid City SD State SD Zip 57701

Phone 605-394-4180 Fax _____

E-mail (Please complete to receive your confirmation and conference updates.)
 This address is Home Department
Keith.klun@rushmore.com

2. REGISTRATION AND EDUCATIONAL SESSIONS FEES:

Please indicate the educational sessions you will be attending by checking the box to the right of the corresponding number. For up-to-date conference information visit www.iafc.org/frm.

A. PRE-CONFERENCE

Please select the pre-conference sessions you plan to attend. *Please note additional fees are required.

			Before 4/6/07	After 4/6/07
Saturday, April 28	8:30 am - 4:30 pm (2-Day)	P1	\$225	\$265
	8:30 am - 4:30 pm	P2	\$150	\$190
	12:30 pm - 4:30 pm	P3	\$85	\$125
	12:30 pm - 4:30 pm	P4	\$85	\$125
Sunday, April 29	8:30 am - 4:30 pm	P5	\$150	\$190
	8:30 am - 4:30 pm	P6	\$150	\$190
	8:30 am - 12:30 pm	P7	\$85	\$125
	8:30 am - 12:30 pm	P8	\$85	\$125

B. CONFERENCE

IAFC Member \$365 \$445
 Non IAFC Member \$395 \$495

Monday, April 30	10:30 am - Noon	101	102	103	104	X	105
	1:30 pm - 3:00 pm	201	202	X	203	204	
Tuesday, May 1	10:30 am - Noon	301	302	X	303	304	
	1:30 pm - 3:00 pm	401	402		403	404	X

C. LUNCH WITH GUEST RANDOLPH MANTOOTH \$45

Total Registration Due (in U.S. Dollars): \$ _____
 (Total sum of Sections A + B + C)

D. CONFERENCE HANDOUTS

Please select whether you would prefer a CD Notebook or Conference Binder. If you do not select either, you will receive a CD Notebook. (1 per person)

CD Notebook Conference Binder

4. DEMOGRAPHIC QUESTIONS: (Required to complete form.)

To help us better serve you, please answer the following:

- Type of department
 (a) Volunteer (b) Career (c) Combination (d) Tribal
 (e) Airport (f) Industrial (g) Military (h) Other _____
- Size of population served
 (a) 0-9,999 (b) 10,000-49,999 (c) 50,000-99,999
 (d) 100,000-199,999 (e) 200,000 and up
- What is your purchasing responsibility?
 (a) Final Decision Maker (b) Significant Influence
 (c) Recommend (d) Research/Specify (e) None
- Is this your first time attending the conference?
 (a) Yes (b) No-I've attended for the past _____ years

5. PAYMENT INFORMATION:

(Registration form must accompany payment to be processed.)

- Check Enclosed (Please make check payable to "IAFC," in U.S. funds.)
 Purchase Order # _____
 (Copy of PO or form must be provided to process registration)
 Credit Card AMEX VISA MasterCard Discover
 (If you are registering as a government employee, your credit card must have expiration date after 5/07 and your credit card will be charged three weeks prior to the conference)

Card # _____ Expiration Date (must be after 5/07) _____

Name as it appears on card _____

Signature _____

6. HOW TO REGISTER:

Online: www.iafc.org/frm
 Fax: 703/631-1167
 By Mail: IAFC Registration Center
 c/o J. Spargo and Associates
 11208 Waples Mill Rd, Suite 112
 Fairfax, VA 22030
 Questions: 800/934-1957 or 703/449-6418

All cancellations will be subject to a \$50 administrative fee. Cancellations must be sent in writing to IAFC's Registration Center via fax or e-mail by 4/6/07.



All IAFC programs are accessible to persons with disabilities. If you require special accommodations or auxiliary aids, please notify us of your needs in advance by calling 800/934-1957, 703/449-6418, or e-mail iafcregistration@jspargo.com.



International Association of Fire Chiefs
 4025 Fair Ridge Drive
 Fairfax, VA 22033-2868

ATTN: SHERYL
 \$530.10 TICKET BY 5PM TOMORROW 23FEB
 JOY

DATE 22FEBRUARY07

KLUNDER/KURT

SERVICE	FROM	TO	DEPART	ARRIVE
DELTA AIR LINES - DL 3869				
SUN 29APR	RAPID CITY SD	SALT LAKE CITY UT	1235P	0211P
NON STOP	REGIONAL	INTL		
	EQUIPMENT:	CANADAIR REGIONAL JET		
	SEAT 04B CONFIRMED			
	FLIGHT OPERATED BY OO SKYWEST AIRLINES			
	RESERVATION CONFIRMED - U ECONOMY			
DELTA AIR LINES - DL 924				
SUN 29APR	SALT LAKE CITY UT	LAS VEGAS NV	0340P	0402P
NON STOP	INTL	MCCARRAN INTL		
	EQUIPMENT:	BOEING 737-800		
	SEAT 14C CONFIRMED			
	RESERVATION CONFIRMED - U ECONOMY			
DELTA AIR LINES - DL 1035				
WED 02MAY	LAS VEGAS NV	SALT LAKE CITY UT	0535P	0750P
NON STOP	MCCARRAN INTL	INTL		
	EQUIPMENT:	BOEING 737-800		
	SEAT 14C CONFIRMED			
	RESERVATION CONFIRMED - U ECONOMY			
DELTA AIR LINES - DL 3918				
WED 02MAY	SALT LAKE CITY UT	RAPID CITY SD	0915P	1052P
NON STOP	INTL	REGIONAL		
	EQUIPMENT:	CANADAIR REGIONAL JET		
	SEAT 04B CONFIRMED			
	FLIGHT OPERATED BY OO SKYWEST AIRLINES			
	RESERVATION CONFIRMED - U ECONOMY			

RESERVATION NUMBER(S) DL/CMTT67

** NON REFUNDABLE/NON TRANSFERABLE TICKET **
 ANY UNUSED RESERVATION NOT CANCELLED
 PRIOR TO DEPARTURE MAY HAVE NO VALUE
 PLEASE SAVE YOUR BOARDING PASS AND COPY OF TICKET

UNTIL YOU HAVE RECEIVED YOUR MILEAGE CREDIT.

THANK YOU **WE APPRECIATE YOUR BUSINESS ** JOY
GOVERNMENT ISSUED PHOTO ID REQUIRED IF 18 OR OLDER
RECONFIRM RETURN FLIGHTS AT LEAST 72 HOURS PRIOR TO DEPARTURE
DRIVING RECORD MAY BE CHECKED BY SOME CAR RENTAL COMPANIES
CHECK IN MINIMUM 90 MINUTES PRIOR FOR DOMESTIC FLIGHTS
TICKET PROTECTOR INSURANCE MAY BE PURCHASED
AT WWW.TRAVELINSURED.COM * AGENCY ID IS 45136 *
HAVE YOU GIVEN US YOUR FREQUENT FLYER NUMBER?

Aldridge Sheryl

From: coastres@coastcasinos.net
Sent: Thursday, February 22, 2007 2:03 PM
To: SHERYL.ALDRIDGE@RCGOV.ORG
Subject: Orleans Confirmation Letter-

Attachments: pic28433.jpg



pic28433.jpg (4 KB)

(Embedded image moved to file: pic28433.jpg)
The Orleans Hotel and Casino
4500 W. Tropicana Ave. Las Vegas, NV 89103
Phone: (702) 365-7111 Fax: (702) 365-7505

Confirmation number : 6423683 (pending for check)

Name : KLUNDER, KURT

Arrival Date : 04/29/07

Departure Date : 05/02/07

Rates : \$90 per night
(rates are based on double occupancy and do not include 9%tax)

*** For all reservations arriving after January 1, 2007, a credit card will be required upon check in. The credit card provided must be able to accept an authorization in the amount of \$50.00 per room, per day above the total room and tax charges. ***

Room type request :
(bed type request and smoking preference are not guaranteed, requests are honored on space available basis upon check in)

Cancellation/No shows :
Deposits will be forfeited if the cancellation is not received by the Orleans 72 hours prior to arrival date. Cancellations for New Year's Eve must be done 7 days prior to arrival date. Special event room and package cancellations must be made 30 days prior to the beginning of the event. For example, Nascar Race, Professional Bull Riders, etc. No-shows will forfeit the deposit collected.

Extra Charges : A mandatory resort fee of \$5 per night, per room will be charged for all reservations arriving on or after January 1, 2007. This fee provides for in-room coffee, out-going local and '800' number calls and unlimited access to the fitness center.

Extra adult: \$15 USD per night per person (max 4 people in the room) Children 14 years and younger stay free Rollaway charge: \$15 USD per night each
Cribs: No Charge

Check-in/Check-out :
Must be 21 years or older to check-in.

Check In time is 3:00 pm

Check Out time is 12:00 pm

Guests must check-out by 12:00 noon to avoid paying for the following night.



Fire-Rescue Med



10th Anniversary Conference

Real Issues. Real Solutions.

April 30 - May 2, 2007

**The Orleans Hotel and Casino
Las Vegas, NV**

**Pre-Conference Workshops:
April 28 & 29, 2007
www.iafc.org/frm**

ATTENDEE BROCHURE

Presented by EMS Section of the IAFC
in partnership with JEMS



261
5/21
1

2007 Fire-Rescue Med

Fire-Rescue Med is Essential, did you know...

- 62% of fire department calls were for medical aid (NFPA 2005 Fire Department Calls report)
- Of the 200 most populous cities, 89% reported that fire service personnel provide medical first response (in the 2005 *Journal of Emergency Medical Services* study)

With statistics like these you must attend Fire-Rescue Med and get the latest training and education available to EMS leaders in the fire service—your community is counting on it!

Fire-Rescue Med is the premier conference for fire service EMS leaders. This conference ensures every attendee will walk away informed and up-to-date on the biggest issues facing today's emergency medical services industry. Pre-conference workshops begin April 28th and education sessions and exhibits continue April 30th - May 1st.

Who Should Attend:

- EMS Chiefs/ Directors
- Firefighters
- EMS Providers
- Emergency Managers
- Fire Chiefs/Commissioners
- Company-Level Officers
- Paramedics
- Public Health Professionals
- Emergency Medical Technicians
- EMS Physicians

Why Attend:

- Meet and exchange ideas with other top EMS professionals from all throughout North America
- Learn from cutting edge sessions on today's hottest EMS topics
- Check out the latest products and services in the industry featured in our Exhibit Hall
- Walk away with ideas and solutions that can be implemented to help you, your department and your community immediately

Fire-Rescue Med Schedule At-A-Glance

* All dates and times are subject to change

Saturday, April 28

Pre-conference Sessions..... 8:30 am – 4:30 pm

Sunday, April 29

Pre-Conference Sessions..... 8:30 am – 4:30 pm

EMS Section Meeting 4:30 pm – 6:30 pm

Monday, April 30

Opening General Session 8:30 am – 10:00 am

Exhibits Open 10:00 am – 6:30 pm

Coffee Break in Exhibit Halls 10:00 am – 10:30 am

Breakout Sessions..... 10:30 am - Noon

Lunch in the Exhibit Halls..... Noon – 1:15 pm

Breakout Sessions 1:30 pm – 3:00 pm

Coffee Break in the Exhibit Halls..... 3:00 pm – 3:30 pm

General Session..... 3:30 pm – 4:30 pm

Reception in the Exhibit Halls 4:30 pm – 6:30 pm

Tuesday, May 1

General Session..... 8:30 am – 10:00 am

Exhibits Open 10:00 am – 3:30 pm

Coffee Break in the Exhibit Halls..... 10:00 am – 10:30 am

Breakout Sessions..... 10:30 am - Noon

Lunch in the Exhibit Halls..... Noon – 1:15 pm

Breakout Sessions 1:30 pm – 3:00 pm

Coffee Break in the Exhibit Halls..... 3:00 pm – 3:30 pm

General Session..... 3:30 pm – 4:30 pm

Wednesday, May 2

General Session..... 8:30 am – 9:30 am

Closing General Session..... 10:00 am – 11:00 am

Fundraising Autograph Session
hosted by Randolph Mantooth..... 11:00 am – 12:30 pm

Lunch with Guest Randolph Mantooth..... 12:30 pm – 2:00 pm

2007 Education Schedule

* All information subject to change



Saturday, April 28

8:30 am - 12:30 pm	Day 1 • P1 (2 day session) - Basic Designated Infection Control Officer Training Course Katherine West, and James R. Cross	P2 - Legal Issues: Focus on Investigation John Murphy and Winnie Maggiore	P3 - Controversies & Best Practices in Emergency Airway Management Dan Davis, Gregg Margolis, Russ McCallion and Ken Miller	P4 - Community at Risk Ronny J. Coleman	P5 - Preparing the EMS/Fire Instructor Heather Davis
12:30 pm - 4:30 pm					

Sunday, April 29

8:30 am - 12:30 pm	Day 2 • P1 (2 day session) - Basic Designated Infection Control Officer Training Course Katherine West, and James R. Cross	P6 - Leading and Managing People: A Survival Course for Professionals Jeff Dyar	P7 - Fire Department EMS Supervision: Coaching & Counseling Richard L. Resurreccion	P8 - Intro to Ambulance Reimbursement Pete Lawrence
12:30 am - 4:30 pm				

Monday, April 30

8:30 am - 10:00 am	General Session: Make Every Hour in Your Life Happy Hour Jim Gentil				
10:30 am - Noon	101 - Sleep Deprivation in the Fire Service: Helpful Mitigation Strategies Kerry Kuehl	102 - EMS Reimbursement Update Pete Lawrence	103 - Human Resource Development Michael Antonucci	104 - Annual OSHA/ Infection Control Update Training Katherine West	105 - Getting Along with Boards, Elected Officials and Other Rulers of the Universe Jeff Dyar
1:30 pm - 3:00 pm	201 - Interest-Based Negotiations Michael T. Metro	202 - Gotta Have it! New EMS Products Jeffrey Lindsey	203 - The Education Agenda and Development of Education Standards Debra Cason and Gregg Margolis	204 - Married to the Fire Service Ronny J. Coleman and Marie K. Coleman	
3:30 pm - 4:30 pm	General Session: Unintentional Intolerance Steve L. Robbins				

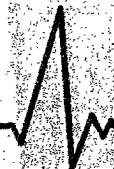
Tuesday, May 1

8:30 am - 10:00 am	General Session: The Past, Present and Future of Medical Direction in the Fire Service Paul E. Pepe				
10:30 am - Noon	301 - Bridging the Gap! Jeffrey Lindsey	302 - Leading with Heart Heather Davis	303 - Leadership on Fire Robert DiPoli	304 - Implementing A Fire Department Based Ambulance Billing Service - The Phoenix Fire Department Experience Robert Cantwell, Ray Temple and Teri DeHass	
1:30 pm - 3:00 pm	401 - Implementing Change While Avoiding the Chaos - Essential Ingredients of Leadership Bruce J. Moeller	402 - MASTF- A National Mutual Aid System for the Fire Service Robert Brown, Jr.	403 - Responding to the IOM Report Mary Beth Michos	404 - Lessons Learned from the Combat Medics: 91 Whiskey Patty Hastings	
3:30 pm - 4:30 pm	General Session: Making Medicine Work: Moving Science to the Streets Ed Racht				

Wednesday, May 2

8:30 am - 9:30 am	General Session: Changes in Fire-Based EMS Alan Brunacini				
10:00 am - 11:00 am	Closing General Session: EMS Then and Now Randolph Mantooth				

Registration, Hotel and Travel Information



How to Register

*Complete one form per registrant.
Please make additional copies
of the form for multiple registrants.*

Online:

www.iafc.org/frm

By Fax:

To register by fax, payment must be made by credit card. Complete form and fax to 703/631-1167. To avoid duplicate charges, do not fax and mail form.

By Mail:

Complete and return the registration form and payment to:

IAFC Registration Center
11208 Waples Mill Road,
Suite 112
Fairfax, VA 22030

Questions:

Call 703/449-6418 or toll-free in the United States and Canada at 800/934-1957 or e-mail iafcregistration@jspargo.com.

Registration Information

Acknowledgement/receipt letters confirming registration will be e-mailed or faxed to the registrant within five business days of receipt. If corrections or changes are required, please note them on the acknowledgement/receipt letter and return via fax to 703/631-1167 no later than April 6, 2007.

Registration Payment and Cancellation Policy

Payment in U.S. funds MUST accompany the registration form in order to process the registration. To avoid duplicate charges, do not fax and mail your form. American Express, VISA, MasterCard, Discover, checks and purchase orders are accepted. Checks should be made payable to IAFC.

All cancellations will be subject to a \$50 administrative fee. Cancellations must be sent in writing to IAFC's Registration Center via fax or email. Telephone cancellations will not be accepted.

All cancellations must be received in writing by April 6, 2007. No refunds will be processed after this date. All refund requests received prior to April 6, 2007 will be processed after Fire-Rescue Med 2007.

After April 6, 2007, substitutions will be allowed in the event the registrant is unable to attend, but no refunds will be issued. Telephone substitutions will be permitted.

Hotel Accommodations

The Orleans Hotel and Casino
4500 W. Tropicana Avenue
Las Vegas, NV 89103
Reservations: 800/675-3267
Phone: 702/365-7111

BOOK NOW! In prior years, the hotel has sold out prior to the cutoff date.

For reservations and special group rates, call 800/675-3267; identify yourself as part of the Fire-Rescue Med conference. The rates are \$130/night Friday - Saturday, April 27-28 and \$90/night Sunday-Tuesday, April 29-May 2. All reservations must be made by Sunday, April 1. After April 1, reservations are based on availability and current rate. Please make your reservations early to ensure availability.

The Orleans Hotel and Casino offers 1,886 beautifully appointed rooms and suites featuring the ultimate in luxury and comfort. Oversized rooms are actually petite suites with spectacular views of the glittering Las Vegas strip or sweeping mountain panoramas. Free shuttle service is available to the Las Vegas Strip.



RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: M. THOMPSON Signature: [Signature] Today's Date: 12 FEB 07

Full Course / Event Name: _____

Event Dates: 30 APRIL - 2 MAY Travel Dates: Date Leaving 29 TA Time Leaving _____

Date Returning 3 MAY Time in RC _____

Event Location: Rapid City LAS VEGAS

Reasons for Requesting Course: Approved: B/C or Division Chief

Required For Promotion Education Chief

Required For Apprenticeship Denied: B/C or Division Chief

Required For Current Position Education Chief

Other _____ Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

B/C or Div. Chief Signature _____ Ed. Chief Sig. _____

Other Department Employees that are going with me are: _____

I am Requesting:

On Duty Time: _____ Overtime Pay for _____ Hours
Dates & Times _____ Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)
 There is no Registration / Tuition
 Registration / Tuition Cost \$ _____
 I will pay and be reimbursed later.
 I will have them bill the Department
 It will need to be paid before I go
 I need to take a check with me
 Registration / Tuition will be paid by: _____

Travel Expenses:

I am Requesting a Department Vehicle. I prefer to take _____
Estimate of Fuel Cost \$ _____

I am Requesting Airline Travel.

I've taken care of my own flight/travel arrangements. Total Cost is \$ _____

I will arrange flight/travel with the Administrative Assistant.

I must arrive by: 29th

I am available to return at: 3RD

Lodging:

I don't need lodging.

I've taken care of my own lodging arrangements. Total cost is \$ _____

I will arrange lodging with the Administrative Assistant.

Lodging starting the night of 29th

Through the night of 2ND

The Conference / Course is being held at following Hotel/Motel and is my preference for Lodging. _____

Meals

I will need meals

The following number of meals included with the Conference/ Course

Breakfast _____

Lunch _____

Supper _____

I will be attending the NFA and will need a check for \$ _____

I will not need meals

Other Expenses:

I need to rent a car for _____ days at an approximate cost of \$ _____ per day.

I have other expenses. They are:

I am aware that I will need to speak with the Administrative Assistant regarding expenses following my return.

Please list any special needs required for your attendance at this Conference / Course



Fire-Rescue Med

April 30-May 2, 2007

Las Vegas, Nevada • www.iafc.org/frm

Presented by EMS Section of the IAFC in partnership with JEMS



Registration Form

Complete one form per registrant. Please make additional copies of the form for multiple registrants. This form must be completed in its entirety for your registration to be processed in a timely manner.

1. REGISTRATION INFORMATION: (Required to process form)

MICHAEL THOMPSON 0042919
Name IAFC Member Number
EMS CHIEF
Title

Rank (Please choose from the list of options below.):
(a) Fire Chief (b) Chief Officer (c) Company Officer
(d) Staff Officer (e) Firefighter (f) Firefighter/Paramedic
(g) EMS Officer (h) Emergency Management (i) Other

RAPID CITY FIRE DEPT.
Organization

10 MAIN ST.
Address

RAPID CITY SD 57701
City State Zip

605-394-4180
Phone Fax

MIKE.THOMPSON@RCFDJ.ORG
E-mail (Please complete to receive your confirmation and conference updates.)
This address is Home Department

2. REGISTRATION AND EDUCATIONAL SESSIONS FEES:

Please indicate the educational sessions you will be attending by checking the box to the right of the corresponding number. For up-to-date conference information visit www.iafc.org/frm.

A. PRE-CONFERENCE

Please select the pre-conference sessions you plan to attend. *Please note additional fees are required.

Table with columns for session time, date, and fees before/after 4/6/07. Rows include Saturday April 28 and Sunday April 29 sessions.

B. CONFERENCE

IAFC Member Before 4/6/07 \$365 After 4/6/07 \$445
Non IAFC Member \$395 \$495

Table with columns for session time, date, and session numbers (101-404).

C. LUNCH WITH GUEST RANDOLPH MANTOOTH \$45

Total Registration Due (in U.S. Dollars): \$
(Total sum of Sections A + B + C)

D. CONFERENCE HANDOUTS

Please select whether you would prefer a CD Notebook or Conference Binder. If you do not select either, you will receive a CD Notebook. (1 per person)
CD Notebook Conference Binder

4. DEMOGRAPHIC QUESTIONS: (Required to complete form)

To help us better serve you, please answer the following:

- 1. Type of department: (a) Volunteer (b) Career (c) Combination (d) Tribal (e) Airport (f) Industrial (g) Military (h) Other
2. Size of population served: (a) 0-9,999 (b) 10,000-49,999 (c) 50,000-99,999 (d) 100,000-199,999 (e) 200,000 and up
3. What is your purchasing responsibility? (a) Final Decision Maker (b) Significant Influence (c) Recommend (d) Research/Specify (e) None
4. Is this your first time attending the conference? (a) Yes (b) No-I've attended for the past ___ years

5. PAYMENT INFORMATION:

(Registration form must accompany payment to be processed.)

- Check Enclosed (Please make check payable to "IAFC," in U.S. funds.)
Purchase Order # (Copy of PO or form must be provided to process registration)
Credit Card AMEX VISA MasterCard Discover (If you are registering as a government employee, your credit card must have expiration date after 5/07 and your credit card will be charged three weeks prior to the conference)

Card # Expiration Date (must be after 5/07)

Name as it appears on card

Signature

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Online: www.iafc.org/frm
Fax: 703/631-1167
By Mail: IAFC Registration Center c/o J. Spargo and Associates 11208 Waples Mill Rd, Suite 112 Fairfax, VA 22030
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International Association of Fire Chiefs
4025 Fair Ridge Drive
Fairfax, VA 22033-2868

ATTN: SHERYL
 \$530.10 TICKET BY 5PM TODAY 23FEB
 JOY

DATE 23FEBRUARY07

THOMPSON/MICHAEL

SERVICE	FROM	TO	DEPART	ARRIVE
DELTA AIR LINES - DL 3869				
SUN 29APR	RAPID CITY SD	SALT LAKE CITY UT	1235P	0211P
NON STOP	REGIONAL	INTL		
	EQUIPMENT:	CANADAIR REGIONAL JET		
	SEAT 04C CONFIRMED			
	FLIGHT OPERATED BY OO SKYWEST AIRLINES			
	RESERVATION CONFIRMED - U ECONOMY			
DELTA AIR LINES - DL 924				
SUN 29APR	SALT LAKE CITY UT	LAS VEGAS NV	0340P	0402P
NON STOP	INTL	MCCARRAN INTL		
	EQUIPMENT:	BOEING 737-800		
	SEAT 14D CONFIRMED			
	RESERVATION CONFIRMED - U ECONOMY			
DELTA AIR LINES - DL 1776				
THU 03MAY	LAS VEGAS NV	SALT LAKE CITY UT	0640A	0904A
NON STOP	MCCARRAN INTL	INTL		
	EQUIPMENT:	BOEING 757-200/300		
	SEAT 28C CONFIRMED			
	RESERVATION CONFIRMED - U ECONOMY			
DELTA AIR LINES - DL 3891				
THU 03MAY	SALT LAKE CITY UT	RAPID CITY SD	1005A	1143A
NON STOP	INTL	REGIONAL		
	EQUIPMENT:	CANADAIR REGIONAL JET		
	SEAT 05B CONFIRMED			
	FLIGHT OPERATED BY OO SKYWEST AIRLINES			
	RESERVATION CONFIRMED - U ECONOMY			

RESERVATION NUMBER(S) DL/CMQSH7

** NON REFUNDABLE/NON TRANSFERABLE TICKET **
 ANY UNUSED RESERVATION NOT CANCELLED
 PRIOR TO DEPARTURE MAY HAVE NO VALUE
 PLEASE SAVE YOUR BOARDING PASS AND COPY OF TICKET

UNTIL YOU HAVE RECEIVED YOUR MILEAGE CREDIT.

THANK YOU **WE APPRECIATE YOUR BUSINESS ** JOY
GOVERNMENT ISSUED PHOTO ID REQUIRED IF 18 OR OLDER
RECONFIRM RETURN FLIGHTS AT LEAST 72 HOURS PRIOR TO DEPARTURE
DRIVING RECORD MAY BE CHECKED BY SOME CAR RENTAL COMPANIES
CHECK IN MINIMUM 90 MINUTES PRIOR FOR DOMESTIC FLIGHTS
TICKET PROTECTOR INSURANCE MAY BE PURCHASED
AT WWW.TRAVELINSURED.COM * AGENCY ID IS 45136 *
HAVE YOU GIVEN US YOUR FREQUENT FLYER NUMBER?

>

Aldridge Sheryl

From: coastres@coastcasinos.net
Sent: Thursday, February 22, 2007 1:58 PM
To: sheryl.aldridge@rcgov.org
Subject: The Orleans Hotel Confirmation

Attachments: pic16827.jpg; pic09961.jpg



pic16827.jpg (4 KB) pic09961.jpg (4 KB)

(Embedded image moved to file: pic16827.jpg)
The Orleans Hotel and Casino
4500 W. Tropicana Ave. Las Vegas, NV 89103
Phone: (702) 365-7111 Fax: (702) 365-7505

Confirmation number : 6396369

Name : Mike Thompson

Arrival Date : 4/29/07

Departure Date : ~~5/2/07~~ 5/3/07

Rates : \$90x3

(rates are based on double occupancy and do not include 9%tax)

*** For all reservations arriving after January 1, 2007, a credit card will be required upon check in. The credit card provided must be able to accept an authorization in the amount of \$50.00 per room, per day above the total room and tax charges. ***

Room type request : Queen, non smoking

(bed type request and smoking preference are not guaranteed, requests are honored on space available basis upon check in)

Cancellation/No shows :

Deposits will be forfeited if the cancellation is not received by the Orleans 72 hours prior to arrival date. Cancellations for New Year's Eve must be done 7 days prior to arrival date. Special event room and package cancellations must be made 30 days prior to the beginning of the event. For example, Nascar Race, Professional Bull Riders, etc. No-shows will forfeit the deposit collected.

Extra Charges : A mandatory resort fee of \$5 per night, per room will be charged for all reservations arriving on or after January 1, 2007. This fee provides for in-room coffee, out-going local and '800' number calls and unlimited access to the fitness center.

Extra adult: \$15 USD per night per person (max 4 people in the room) Children 14 years and younger stay free Rollaway charge: \$15 USD per night each

Cribs: No Charge

Check-in/Check-out :

Must be 21 years or older to check-in.

Check In time is 3:00 pm

Check Out time is 12:00 pm

Guests must check-out by 12:00 noon to avoid paying for the following night.