

# Forest Pests and Fire

A Joint Meeting of the Northeastern Forest Pest Council and the  
Northeastern Forest Fire Protection Compact

**January 28-30, 2020**

Holiday Inn by the Bay, Portland, Maine, USA  
REGISTRATION FORM – Due January 10, 2020

**AGENCY/VENDOR NAME:** \_\_\_\_\_

**INDIVIDUAL(S) ATTENDING:** \_\_\_\_\_

**Group Affiliation:**                     NFFPC                     NEFPC                     Other: \_\_\_\_\_

Date	Required for All General Registration @ \$50 per day		Optional Lunch (L) Meals @ \$25 each		Optional Dinner Banquet @ \$40 per person - Jan 29		Vendor @ \$200 per table for session (also need to register all individuals)	
	Number Attending	Amount Due	Number Attending	Amount Due	Number Attending	Amount Due	Number Tables	Amount Due
<b>Jan 28</b> *****								
<b>Jan 29</b>								
<b>Jan 30</b>								
<b>Sub-Total</b>	<i>*If presenting student at NEFPC, \$0 amount due</i>							
<b>Total Amount Due:</b>								
<b>Payment Options:</b>							<b>Amounts</b>	
Registration Amount enclosed (check or cash)								
Registration amount to be Invoiced								
Amount to be covered by NFFPC Grant or Reserve Funds								
Amount to be charged to credit card (*include info on attached sheet)								

MAKE CHECK IN U.S. FUNDS PAYABLE TO: **Northeast Forest Fire Protection Compact**

\*CREDIT CARD PAYMENT – Please fill in registration and payment forms and send to

NFFPC at:            **Email: [necompect@fairpoint.net](mailto:necompect@fairpoint.net) Telephone/Fax: 207-968-3782**

**Mailing Address: NFFPC, P.O. Box 6192, China Village, ME 04926**

\*NEFPC: See <https://sites.google.com/site/northeasternforestpestcouncil/> for payment options

**\*\*\*\*\*Note for Jan 28: All Working Team members and guests need to register as well. Costs for WT meeting day are covered by the Working Team grants. All other guests need to register and pay registration fees unless approved for coverage by the Working Team Chair.**

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CREDIT CARD PAYMENT FORM – Due January 10, 2020

## Business Credit Card

<b>Credit Card Type (Visa or MasterCard only):</b>	<b>Name on Card:</b>
<b>Credit Card Number:</b>	<b>Card Expiration Date:</b>
<b>Amount to be Charged:</b>	
<b>Email address to forward Receipt:</b>	
<b>Contact Phone Number:</b>	

## Personal Credit Card

<b>Credit Card Type (Visa or MasterCard only):</b>	<b>Name on Card:</b>
<b>Credit Card Number:</b>	<b>Card Expiration Date:</b>
<b>Amount to be Charged:</b>	
<b>Email address to forward Receipt:</b>	
<b>Contact Phone Number:</b>	

Please Fax to: 207-968-3782 or Email to: [necomact@fairpoint.net](mailto:necomact@fairpoint.net)