



REQUEST FOR AFSS SERVICES

Please complete this form and submit it to both the Northern and Southern Division Presidents for review and approval. Do not hesitate to contact either of the Division Presidents should you have any questions.

As a non-profit organization donations to our Education & Training fund, although optional, are requested to offset expenses not provided.

Administrative Fire Services Section

DATE:	
1. Name of Requesting Section <hr/>	5. Services Requested <input type="checkbox"/> Registration Processing Prior to Event <input type="checkbox"/> Staff Registration Table at Event <input type="checkbox"/> Assist with Publication Production <input type="checkbox"/> Accept and Process Fees <input type="checkbox"/> Vendor Coordination <input type="checkbox"/> Coordinate with Meeting Venue Personnel <input type="checkbox"/> Take Minutes at Meetings <input type="checkbox"/> Other:
2. Contact Person Name: _____ Number: _____ Email: _____	
3. Type of Event _____	
4. Location and Date(s) of Event _____	6. Number of Person(s) Requested _____ 7. Travel Requirements/Arrangements _____
Cost Estimate: Travel \$ _____ Lodging \$ _____ Expenses \$ _____ Estimate Total \$ _____ (-) Donation \$ _____ TOTAL \$ _____	
Additional Information: _____	
<i>For AFSS Use Only:</i>	
Received by: North _____ Date: _____ South _____ Date: _____	Presented to Executive Boards North: Approved Y / N Date: _____ South: Approved Y / N Date: _____
If Approved: Date notification sent to requesting Section _____. If Denied: Date notification sent to requesting Section on _____. Reason for Denial: _____	