

Wait List Registration
2025 FIRE INVESTIGATION TRAINING PROGRAM - Tempe, AZ
June 9 - 10, 2025

PARTICIPANT INFORMATION REGISTRATION FORM

Name _____
(As you wish it to appear on your certificate)
Name _____
(As you wish it to appear on your name tag)
NAFI Number _____
Company/Fire or Police Dept. _____
Title _____
Street _____
City/State/Zip _____
Country _____
Telephone _____
E-mail Address _____

FIRE INVESTIGATION TRAINING PROGRAM - Tempe, AZ

June 9 - 10, 2025

(\$850) _____

DISCOUNT - A single discount may be granted for registrants

NAFI Member

(-\$100) _____

2 or more registrations from the same company

(-\$50) _____

OTHER ITEMS (Discount does not apply)

June 13 - **CFII One-Day Program**

(\$250) _____

(NAFI Membership and CFEI required to take this program)

June 12 - **CFEI Exam**

(\$75) _____

(NAFI Membership required to sit for the CFEI Exam)

June 12 - **Tested Hours Exam**

(\$0) _____

New NAFI Membership

(\$60) _____

CFEI Study Guide - available in PDF Format

(\$14) _____

(Please provide e-mail address) _____

NFPA 921 (2024 Edition) Books are available for pick up only

(\$155) _____

NFPA 1033 (2022 Edition) Books are available for pick up only

(\$149) _____

NFPA 1321 (2025 Edition) Books are available for pick up only

(\$149) _____

TOTAL DUE \$ _____

(Office Use Only)

Wait List Rec'd _____

Payment Rec'd _____

Confirmation _____

Member App. _____

Rec'd _____

CFEI App. _____

Rec'd _____

CFII App. _____

Rec'd _____

Notes _____

PAYMENT To be put on the wait list for this program you must complete this form and provide payment information. If a spot becomes available we will notify you of the opening via Email and ask permission to charge your credit card. If and when we notify you, you will have 24 hours to respond before your spot will be released to the next person on the wait list. Pre-paid fees are fully refundable until May 17, 2025; thereafter individual registrants may be substituted, but refunds will not be made.

Credit Card - VISA M/C AmEx Discover

Cardholder's Name _____

Card No. _____

Expiration Date _____ CVV# _____ Billing Zip Code _____

Signature _____

Mail or fax this form and payment to:
Investigations Institute
4900 Manatee Ave. West, Suite 104, Bradenton, FL 34209
PHONE: 941-242-2323 EMAIL: HPerkins@nafi.org