

2024 Fire School Vendor Registration Form

Vendor Information:

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Representatives that will be attending for you company please print clearly the names:

Vendor Fees: (Make Checks payable to: **Kirkwood Community College** we do not except credit cards) and Registration will not be confirmed until paid.

Saturday (only)

(7:30 am – 4:00 pm Saturday)

	Quantity			Total Price
Chief Sponsorship	_____ @	\$650.00	\$	_____ _____
Assistant Chief Sponsorship	_____ @	\$450.00	\$	_____ _____
Captain Sponsorship	_____ @	\$300.00	\$	_____ _____
Driver/Operator Sponsorship	_____ @	\$80.00	\$	_____ _____
Check Enclosed for TOTAL				\$ _____

Checks are to be made payable to: **Kirkwood Community College**