

**Delaware State Fire Police Association**

**Conference 2025 Dinner Meeting**

**Hyatt Place Ballroom – Dewey Beach**

**Tuesday, September 23, 2025**

**Social @ 6:00 PM -- Dinner @ 7:00 PM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire Company Station \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Six attendees will be permitted from each company. The reservations are for Fire Police members **ONLY.** There will be a **NO-SHOW** policy in affect for ALL Conference events. If you register and fail to attend, your Company will be billed accordingly. If you bring your spouse or guest, a charge of $90.00 must be submitted with the attached registration form. Checks for guests and spouses must be made payable to the DVFA. There is no charge for Past Presidents of the State Fire Police Association, but there is a $90.00 charge for their spouse or guest.

**FIRE POLICE ATTENDING THE DINNER (6 ONLY, per Company)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have additional Fire Police wishing to attend, please list their names below or on the back of this form. Seats may be issued to them as they become available, from companies not using their six (6).

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Fire Police Past Presidents attending. There is a $90.00 charge for their spouse or guest.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form:

Return to:

**No later than JULY 15th**

**DVFA Office P.O. Box 1849**

**Dover, DE. 19903-1849**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_