

**New Hampshire Department of Safety  
Division of Fire Standards and Training & Emergency Medical Services**

**Mailing:** NHFSTEMS, 33 Hazen Drive, Concord, NH 03305

**Physical:** 98 Smokey Bear Blvd., Concord, NH

**Phones:** (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091



# Dormitory Reservation Form

**DORMITORY CHECK IN TIME IS AT 6:00PM.**

## Section 1: GUEST CONTACT INFORMATION

First Name		M.I.	Last Name	
<b>MAILING ADDRESS:</b>	Street			
	Town/City		State	Zip
Best contact phone #:			Email:	
Agency / Department represented:				

## Section 2: COURSE INFORMATION

Class/Activity attending:	Start date:	End date:
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## Section 3: ADDITIONAL INFORMATION (Please fill out completely.)

Date of Arrival:	Time:	Date of Departure:	Time:
Emergency Contact Name:		Emergency Contact Phone:	
Special/Medical/Handicap Considerations:			

## Section 4: FEE INFORMATION

- **Dormitory stays are FREE for IN STATE FIRE SERVICE AND EMS MEMBERS!**
- **\$40.00 per night fee for all others**
  - \* Payment must be secured PRIOR to your stay.
  - \* Please fill out both pages of this form (Reservation and Payment) if you are paying on your own with a credit card, check, or money order.
- **\$25.00 fee for lost keys**

## Section 5: BILLING (Please fill in this section if your department/agency is to be billed.)

Name of department/agency:		Contact Person:	
<b>MAILING ADDRESS:</b>	Street/PO Box #:		
	City/Town	State	Zip

## OFFICE USE ONLY

<b>Room #:</b>	
<b>Arrival Date:</b>	<b>Departure Date:</b>
<b>Key Issued:</b>	<b>Key Returned:</b>

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# Dormitory Payment Information Form

**NOTE:**

Please fill out both the Dormitory Reservation Form (pg. 1) and the Dormitory Payment Information Form (this page) if you are paying on your own for your dormitory stay using a check, money order, or credit card.

## Section 1: GUEST INFORMATION

First Name		M.I.	Last Name	
Best Contact Phone Number:			Email:	
Date of Arrival:	Time:	Date of Departure:	Time:	

## Section 2: PERSONAL PAYMENT INFORMATION

- Check off one method of payment listed below.
- Please make checks or money orders payable to NHFSTEMS and mail to NHFSTEMS at the address listed on the top of this form.

<input type="checkbox"/> Personal Check	Full name listed on credit card:		
<input type="checkbox"/> Money Order / Bank Check	Card number:		
<input type="checkbox"/> VISA	Expiration date:	3-digit code #: (on back of card)	
<input type="checkbox"/> Master Card	Amount: \$		
<input type="checkbox"/> American Express	Signature (as it appears on card):		

## FOR OFFICE USE ONLY: