



ROBERT J. BARRACLOUGH INTERNSHIP PROGRAM

Contact Name: _____

Company: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Office #: ____ - ____ - ____ **Email:** _____

Payment

CHECK:

Enclosed is my check payable to the *Congressional Fire Services Institute* in the amount \$1000.

CREDIT CARD (CIRCLE) **VISA** **MC** **AmEx** **Discover**

Card number: _____

Expiration: _____

Signature: _____

Please submit form with payment to:

Robert J. Barraclough Internship Program

c/o Congressional Fire Services Institute

900 Second Street, NE, Suite 303

Washington, DC 20002