



MONROE COUNTY VOLUNTEER FIREMEN'S ASSOCIATION, INC.
presents

MEDIA MAYDAY

**A Volunteer Fire Department's Guide
to Dealing with Traditional and Social Media**

Presented by Robert Leonard

**SATURDAY
OCTOBER 23, 2021**

at West Webster Fire Department
1051 Gravel Road

- Doors open for coffee at 8:00
- Session begins promptly at 9:00
- Conclude by 3:00

**LIMITED TO FIRST 90 RESPONDENTS
REGISTRATION REQUIRED, NO WALK-INS**

FEE INCLUDES:

“wake up coffee” and donuts, lunch,
printed class outline for notes & certificate

REGISTRATION DEADLINE: OCT 14, 2021

MCVFA Individual Members: \$15.00

Non-Members: \$25.00

Complete the reservation form on the
reverse of this sheet and mail with checks
made payable to MCVFA by Oct 14th to:

**MCVFA, PIO Seminar Registration
PO Box 22786
Rochester, NY 14692**

An introduction to traditional and social media relations for the fire service, with battle-tested tips on dealing with the press on the fireground, back at the fire hall and in a crisis.

Roles and duties of the media will be reviewed, including news gathering techniques. A recipe for good media relations that can be applied by any fire department to any type of event or other positive press opportunity will be presented, including how to deal with the negative side of media relations, crises and scandals.

With 30 years as a firefighter, officer and EMT, Robert has led communications for large and small emergency agencies, including serving as the FDNY's Deputy Director of Public Information and Deputy Press Secretary for Uniformed and Emergency Services for Mayor Rudolph Giuliani.



He is a senior executive at a national public relations firm, leading the public safety and local government practice, and chairs the Public Relations committee for the Firemen's Association of the State of New York.



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SEMINAR REGISTRATION FORM -- DEADLINE: 10/14/2021

Please mail completed registration forms & checks made payable to MCVFA to:
MCVFA, PIO Seminar Registration, PO Box 22786, Rochester, NY 14692

Name: _____ Agency: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

MCVFA Individual Member? Yes (\$15) No (\$25)

Certificate Name: _____

Enter EXACTLY as you wish your certificate to read. If you wish a rank, include it.

Name: _____ Agency: _____

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CHECK TOTAL: \$ _____

PLEASE RETURN THIS REGISTRATION FORM WITH PAYMENT BEFORE OCTOBER 14th

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MAKE COPIES OF THIS FORM AS NEEDED