



2010 Annual Biometrics & Forensics Summit
 30 March -1 April 2010 – San Diego, California

NCSI

Fax Completed Forms to:
 443-561-2459

For more information, call 443-561-2400 ext. 2458
 or email combs@ncsi.com

ATTENDEE REGISTRATION FORM

Government Industry

 Prefix First Name M.I. Last Name

 Badge Name (Nickname) Job Title/Position Company/Organization

 Work Address

 City State ZIP/Postal Code Citizenship (US, UK, AUS, CAN Citizenship is required to attend)

 Daytime Telephone Fax Cell Phone

 Unclassified E-Mail Address (for confirmation and receipt) ADA Special Requirements

Grade/Rank:

Government

- GS 01-10
- GS 11
- GS 12
- GS 13
- GS 14
- GS 15
- SES

Military

- E 1-7
- E 8
- E 9
- W 1-5
- O 1-4
- O 5-6
- O 7-10

CONFIRMATIONS AND RECEIPTS WILL BE E-MAILED TO THE E-MAIL ADDRESS PROVIDED — PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING

Registration Type/Fee Selection:

	Early-Bird Rate (through 2/26/10)	Standard Rate (effective 2/27/10)
<input type="checkbox"/> Government Employee/Active Military <small>(with valid current Government/Military I.D.)</small>	<input type="checkbox"/> \$449.00	<input type="checkbox"/> \$499.00
<input type="checkbox"/> Government Contractor/Industry	<input type="checkbox"/> \$529.00	<input type="checkbox"/> \$579.00
<input type="checkbox"/> Academic	<input type="checkbox"/> \$249.00	

Cancellation Policy: All cancellations must be received in writing no later than 5 March 2010 after which you will be held liable for 100% of the amount due. All sales after 5 March 2010 are final. NO REFUNDS, NO EXCEPTIONS.

Substitution Policy: All substitutions must be made via a Substitution Form (available online or from combs@ncsi.com). Substitution forms should be completed and faxed no later than 24 March 2010 or submitted onsite. There are no one day substitutions, only full conference substitutions.

How did you hear about the event?: (choose one)

- NCSI E-mail
- NCSI Website
- Colleague
- Commander/Supervisor
- Flyer/Poster/Banner
- Government Sponsor E-mail
- Other _____

Primary Area of Interest: (choose one)

- Biometrics
- Forensics
- Other

Advance Payment Required – 3 Payment Options

1 Credit Card - All credit card payments will be processed beginning 10 March 2010

- American Express
- MasterCard
- Visa

 Credit Card Number

 Exp. Date

 Security Code

 Print Name on Card

 Cardholder's Signature

Cardholder acknowledges this transaction in the amount shown above and agrees to perform the obligations set forth in the Cardholder's agreement with this issuer.

2 Check enclosed

Mail completed registration form with check made payable to NCSI to:
 NCSI
 P.O. Box 64466
 Baltimore, MD 21264-4466

3 Government Attendees ONLY

Government P.O. or Std. Form 182 # _____

Please fax completed form with Government P.O. or Std. Form 182 to 443-561-2459 by 10 March 2010

NCSI USE ONLY: EBMS _____ RECEIPT _____