



NCSI®

**Joint EUCOM / AFRICOM  
Deployment and Distribution Conference  
22-23 May 2018  
ATTENDEE REGISTRATION FORM**

Please Fax completed forms to: **443-561-2413** - For more information or questions, call 443-561-2412 or email [bollinger@ncsi.com](mailto:bollinger@ncsi.com)

<b>ATTENDEE INFORMATION</b>	Prefix or Rank (Dr., Ms., COL, etc.)	First Name	Full Middle Name	Last Name	
	First Name or Nickname to appear on badge		Job Title/Position		
	Co./Org. to appear on badge		Employer (Full Spelling)	Grade/Rank (i.e. "GS 11, SES, E 8, O 7")	
	Preferred Mailing Address				
	City		State	Postal Code	
	Daytime Telephone		Cell Phone	Citizenship	
	Unclassified E-mail Address (for confirmation and receipt)				
	ADA/Special Requirements				

<b>REGISTRATION TYPE</b>	<input type="checkbox"/> <b>Government / Military Early Bird (Ends April 13)</b>	<u>Rate</u> <input type="checkbox"/> \$249	<p><b>Cancellation Policy:</b> All cancellations must be received in writing no later than <b>May 2, 2018</b> after which you will be held liable for 100% of the amount due. All sales after <b>May 2, 2018</b> are final. NO REFUNDS, NO EXCEPTIONS.</p> <p><b>Substitution Policy:</b> All substitutions must be made via a Substitution form. Substitution forms should be completed and faxed no later than <b>May 11, 2018</b>. THERE WILL BE NO ON-SITE SUBSTITUTIONS.</p> <p><b>**SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES**</b></p>
	<input type="checkbox"/> <b>Government / Military Standard</b>	<input type="checkbox"/> \$299	
	<input type="checkbox"/> <b>Industry / Contractor Early Bird (Ends April 13)</b>	<input type="checkbox"/> \$399	
	<input type="checkbox"/> <b>Industry / Contractor Standard</b>	<input type="checkbox"/> \$449	

<b>PAYMENT OPTIONS</b>	<b>1</b> <input type="checkbox"/> <b>Credit Card</b> - All credit card payments will be processed beginning <b>May 4, 2018</b> <input type="checkbox"/> <b>American Express</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b>		
	<small>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.</small>		
	Credit Card Number	Exp. Date	Security Code
	Print Name on Card	Cardholder's Signature (Required)	
<b>2</b> <input type="checkbox"/> <b>Check enclosed</b> Mail completed registration form with check made payable to NCSI to: <b>NCSI P.O. Box 64466, Baltimore, MD 21264-4466</b>			

<b>REQUIRED</b>	<b>How did you hear about the event:</b> <input type="checkbox"/> NCSI E-mail <input type="checkbox"/> NCSI Website <input type="checkbox"/> Colleague <input type="checkbox"/> Commander/Supervisor <input type="checkbox"/> FedBizOps <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____
	<b>Share contact information with event participants?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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