



SAREM Forum and Technology Exposition
July 31 – August 2, 2018 • NGA • Springfield, VA

NCSI®

ATTENDEE REGISTRATION FORM

Please fax completed forms to: **443-561-2437** - For more information or questions, call 443-561-2436 or email burke@ncsi.com

ATTENDEE INFORMATION	Prefix or Rank (Dr., Ms., COL, etc.)	First Name	MI	Last Name	
	First Name or Nickname to appear on badge		Job Title/Position		
	Co./Org. to appear on badge		Employer (Full Spelling)		
	Preferred Mailing Address				
	City		State	Postal Code	
	Daytime Telephone Number			SSN (at least the last 4 for clearance verification)	
	Unclassified E-mail Address (for confirmation and receipt)			Citizenship (US, UK, AUS, CAN citizenship is required to attend)	
	ADA/Special Requirements				

REQUIRED	Do you have a Blue or Green IC badge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid TS/SCI security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you hear about the event: <input type="checkbox"/> NCSI E-mail <input type="checkbox"/> NCSI Website <input type="checkbox"/> Colleague <input type="checkbox"/> Commander/Supervisor <input type="checkbox"/> Flyer/Poster/Banner <input type="checkbox"/> Other _____	
	Technology(s)/Exhibitor(s) you'd like to see: _____	

REGISTRATION TYPE	<input type="checkbox"/> Industry Attendee Fee <input type="checkbox"/> \$60.00 <input type="checkbox"/> Government Attendee Fee <input type="checkbox"/> \$60.00	<p>Standard Rate</p> <p>Cancellation Policy: All cancellations must be received in writing no later than Friday, July 13, 2018.</p> <p>**SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES**</p>	
	The registration fee will cover the cost of attending the forum sessions, forum materials, professional conference planning services, staff support, registration services, and event promotional materials. The fee will also include access to the exhibit hall.		

PAYMENT OPTIONS	<input checked="" type="checkbox"/> Credit Card - All credit card payments will be processed beginning July 18, 2018 . <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <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)
	<input checked="" type="checkbox"/> Check enclosed - Mail completed registration form with check made payable to NCSI to: NCSI P.O. Box 64466, Baltimore, MD 21264-4466

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Thank you for your registration. A confirmation will be e-mailed within 3-5 business days of submission.