



SIGINT Portfolio Days and Technology Exposition

October 15-17, 2018 • NRO • Chantilly, VA

NCSI®

ATTENDEE REGISTRATION FORM

Please fax completed forms to: 443-561-2431 - For more information or questions, call 443-561-2430 or email foss@ncsi.com

| | | | | | |
|--------------------------|--|------------|--|--|--|
| ATTENDEE INFORMATION | Prefix or Rank (Dr., Ms., COL, etc.) | First Name | Middle Name | 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 | | 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//SI//TK//NOFORN 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 | Early-Bird Rate (through 08/22/18) | Standard Rate (effective 8/23/18) | Cancellation Policy: All cancellations must be received in writing no later than September 24, 2018 after which you will be held liable for 100% of the amount due. All sales after September 24, 2018 are final. NO REFUNDS, NO EXCEPTIONS. **SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES** |
| | <input type="checkbox"/> Government Employee/Active Military/SETA Support | <input type="checkbox"/> \$0.00 | |
| | <input type="checkbox"/> Government Contractor/Industry <input type="checkbox"/> \$199.00 | <input type="checkbox"/> \$249.00 | |
| | <input type="checkbox"/> Government Contractor/Industry with Exhibit Table <input type="checkbox"/> \$99.00 | <input type="checkbox"/> \$99.00 | |

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|---|--|-----------------------------------|---------------|---------------|--------------------|-----------------------------------|--|
| PAYMENT OPTIONS | 1 <input type="checkbox"/> Credit Card - All credit card payments will be processed on October 2, 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> | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Credit Card Number</td> <td style="width: 20%;">Exp. Date</td> <td style="width: 30%;">Security Code</td> </tr> <tr> <td>Print Name on Card</td> <td colspan="2">Cardholder's Signature (Required)</td> </tr> </table> | Credit Card Number | Exp. Date | Security Code | Print Name on Card | Cardholder's Signature (Required) | |
| | Credit Card Number | Exp. Date | Security Code | | | | |
| | Print Name on Card | Cardholder's Signature (Required) | | | | | |
| 2 <input 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 5-7 business days of submission.