

# 2019 GEOTS

**GEDINT ELECTRO OPTICAL TECHNICAL SYMPOSIUM**

**FEBRUARY 4-7 | NGA SPRINGFIELD**

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

ATTENDEE INFORMATION	Prefix or Rank (Dr., Ms., COL, etc.)	First Name	MI	Last Name
	First Name or Nickname to appear on name badge		Job Title/Position	
	Company/Organization to appear on badge		Employer (Full Spelling)	
	Unclassified Telephone Number		Classified Telephone Number	
	Unclassified E-mail Address (for confirmation and receipt)		Classified E-mail Address	
	Citizenship		Social Security Number (for visitor access, if you don't have an IC badge)	

REQUIRED	<p><b>Do you have a Blue or Green IC badge?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No      <b>Do you have a valid TS/SCI security clearance?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><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"/> Flyer/Poster/Banner   <input type="checkbox"/> Other _____</p> <p><b>Industry Partners you'd like to see at the Expo:</b> _____</p>
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REGISTRATION	<p><input type="checkbox"/> Attendee - Government/Active Military/SETA Support - No Charge</p> <p><input type="checkbox"/> Attendee- Government Contractor/Industry - \$199.00 (early bird rate until 1/4) \$299.99 (standard rate after 1/5)</p> <p><input type="checkbox"/> Attendee - Exhibiting Company - \$99.00</p> <p><b>Will you be attending the off-site U.S. only session on Thursday, February 7?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b><i>Cancellation Policy:</i></b> All cancellations must be received in writing no later than <b>Friday, January 11, 2019.</b></p> <p><b>**SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES**</b></p>
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PAYMENT OPTIONS	<p><b>1</b>   <input type="checkbox"/> <b>Credit Card</b> - All credit card payments will be processed beginning <b>Friday, January 25, 2019</b>   <input type="checkbox"/> American Express   <input type="checkbox"/> MasterCard   <input type="checkbox"/> Visa</p> <p><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></p>		
	Credit Card Number	Exp. Date	Security Code
	Print Name on Card	Cardholder's Signature (Required)	
	<p><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></p>		

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

