

# HOLISTIC HEALTH AND FITNESS (H2F) INDUSTRY DAY AND EXPOSITION

30 APRIL - 1 MAY | FORT EUSTIS CLUB | FORT EUSTIS, VA

Sponsored By: Center for Initial Military Training (CIMT) and US Army Training and Doctrine Command (TRADOC)



THE HOLISTIC HEALTH AND FITNESS SYSTEM: OPTIMIZING SOLDIER READINESS

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	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)	Grade/Rank (i.e. "GS 11, SES, E 8, O 7")	
	Preferred Mailing Address				
	City		State	Postal Code	
	Daytime Telephone		Citizenship		
	Unclassified E-mail Address (for confirmation and receipt)				
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"/> FedBizOps <input type="checkbox"/> Social Media <input type="checkbox"/> Other					

<b>REGISTRATION TYPE</b>	<input type="checkbox"/> <b>Industry/Government Contractor</b>	<b>Standard Rate</b> <input type="checkbox"/> \$199.00	<p><b>Cancellation Policy:</b> All cancellations must be received in writing no later than <b>17 April</b> after which you will be held liable for 100% of the amount due. All sales after <b>17 April</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>19 April</b>.</p> <p><b>**SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES**</b></p>
	<input type="checkbox"/> <b>Industry with Exhibit Table</b>	<input type="checkbox"/> \$99.00	
	<input type="checkbox"/> <b>Government Employee/Active Military</b> (valid ID Required)	<input type="checkbox"/> Complimentary	

**Additional information required for Industry/Government Contractor's requiring base access:**  
(NOTE: A SSN may be requested at a later time in order to clear certain criminal histories)

Gender	Race	DOB	Driver's License Number & State
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<b>PAYMENT OPTIONS</b>	<b>1</b> <input type="checkbox"/> <b>Credit Card</b> - All credit card payments will be processed beginning <b>29 April</b> <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)	
	<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>		

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



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