

2-4 FEBRUARY 2021

USCENTCOM DATA SYMPOSIUM



OPERATIONALIZING DATA IN A GEOGRAPHIC COMBATANT COMMAND ENVIRONMENT

ATTENDEE REGISTRATION FORM * Required Field

Please fax completed forms to: **443-561-2443** - For more information or questions, call 443-561-2442 or email wykoff@ncsi.com -

Prefix *	First Name *	MI *	Last Name *
First Name or Nickname to appear on badge *		Job Title *	
Co/Organization to appear on badge *		Employer *	
Grade/Rank/Position (i.e. GS 11, SES, E 8, O 7)		Citizenship *	
Preferred Mailing Address *			
City *	State *	Postal Code *	
Daytime Phone *		ADA/Special Requirements	
Unclassified E-mail Address (for confirmation and receipt) *			
Microsoft Teams Email Address *			

REGISTRATION TYPE

*Government Employee/Active Military – \$0.00 Contractor/Industry Fee - \$399.00

* I hereby certify that the information above is correct and I am indeed a Government employee. I understand that misrepresenting myself as a Government employee will result in paying the full conference fee. Upon request I agree to submit proof of Government employment as verification.
All on-site contractor personnel must register at the Industry/On-Site Contractor rate.

Cancellation Policy: All cancellations must be received in writing no later than **Monday, December 21, 2020**, after which you will be held liable for 100% of the amount due. To cancel your registration, email Elissa Wykoff at wykoff@ncsi.com or fax 443-561-2443.

****SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES****

Opt In/Out to Share Contact Information with all USCENTCOM Symposium Participants

Yes, please share my information No, please do not share my information

PAYMENT OPTIONS

① **Credit Card** - All credit card payments will be processed on **Monday, January 12, 2021**. American Express MasterCard Visa
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.

Credit Card Number	Exp. Date	Security Code
Print Name on Card	Cardholder's Signature (Required)	
Billing Address		
City	State	Postal Code

② **Check enclosed** - Mail completed registration form with check made payable to NCSI to: **NCSI P.O. Box 64466, Baltimore, MD 21264**

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