

DIA CIO VIRTUAL SUMMIT

APRIL 27, 2021



ATTENDEE REGISTRATION FORM

Please fax completed forms to: **443-561-2443** - For more information or questions, call 443-561-2420 or email dixon@ncsi.com

Prefix	First Name	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, 0 7)		Citizenship (US, UK, AUS, CAN, NZ citizenship is required to attend)
Preferred Mailing Address		
City	State	Postal Code
Daytime Phone		
Unclassified E-mail Address (for confirmation and receipt)		
ADA/Special Requirements		

REGISTRATION TYPE

Government Employee/Active Military – \$0.00

** 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.

Contractor/Industry Fee - \$249.00 (Early Bird Rate before Thursday, April 1, 2021); **\$299.00** (Standard Rate after Thursday, April 1, 2021)

FiveEyes Fee - \$199.00

Cancellation Policy: All cancellations must be received in writing no later than **Friday, April 16, 2021**, after which you will be held liable for 100% of the amount due. To cancel your registration, email Cloe Dixon at dixon@ncsi.com or fax 443-561-2443.

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

Opt In/Out to Share Contact Information with all DIA CIO Virtual Summit 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, April 19, 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.