

# DIA FUTURE TECHNOLOGIES SYMPOSIUM

VIRTUAL EVENT MAY 11-12, 2022 | 0830-1530 EST



## ATTENDEE REGISTRATION FORM

Please fax completed forms to: **443-561-2443** - For more information or questions, call 443-561-2430 or email [foss@ncsi.com](mailto:foss@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, O 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 - \$199.00** (Early Bird Rate before Thursday, March 31, 2022); **\$249.00** (Standard Rate after Friday, April 1, 2022)

**Academia/FFRDC Fee - \$199.00**

**Five Eyes Fee - \$0.00** - Registration is open to citizens of the following countries: United States, United Kingdom, Canada, Australia, & New Zealand.

**Cancellation Policy:** All cancellations must be received in writing no later than **Friday, April 22, 2022**, after which you will be held liable for 100% of the amount due. To cancel your registration, email Devin Foss at [foss@ncsi.com](mailto:foss@ncsi.com) or fax 443-561-2443.

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

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

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

**1**  **Credit Card** - All credit card payments will be processed at time of registration.     **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.*

PAYMENT OPTIONS

|                    |                                   |               |
|--------------------|-----------------------------------|---------------|
| 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.