



Team Huachuca Requirements Days
22-23 July 2009 – Fort Huachuca, Arizona

Fax Completed Forms to:
443-561-2453

For more information, call 443-561-2400 Ext.2452
or email griffith@ncsi.com

NCSI

ATTENDEE SUBSTITUTION FORM

* Active Military – Please email Griffith@ncsi.com for your registration form

ORIGINAL ATTENDEE INFORMATION

Name _____ Signature _____
Order # _____ Telephone _____ Registration Fee Paid _____

NEW ATTENDEE INFORMATION

Government Industry

Prefix _____ First Name _____ M.I. _____ Last Name _____

Badge Name (Nickname) _____ Job Title/Position _____ Company/Organization _____

Work Address _____

City _____ State _____ ZIP/Postal Code _____ Citizenship (US, UK, AUS, CAN Citizenship is required to attend) _____

Daytime Telephone _____ Fax _____ Cell Phone _____

Unclassified E-Mail Address (for confirmation and receipt) _____ ADA Special Requirements _____

Grade/Rank:

Government

GS 01-10

GS 11

GS 12

GS 13

GS 14

GS 15

SES

Military

E 1-7

E 8

E 9

W 1-5

O 1-4

O 5-6

O 7-10

Registration Type/Fee Selection:

	Early-Bird Rate (through 6/30/09)	Standard Rate (effective 7/1/09)
<input type="checkbox"/> Government Employee/Academia <small>(With valid current Government I.D.)</small>	<input type="checkbox"/> \$99.00	<input type="checkbox"/> \$149.00
<input type="checkbox"/> Government Contractor/Industry	<input type="checkbox"/> \$249.00	<input type="checkbox"/> \$299.00
<input type="checkbox"/> Small Business <small>(Under \$10.6m in revenue)</small>	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$199.00

Cancellation Policy: All cancellations must be received in writing no later than **8 July 2009** after which you will be held liable for 100% of the amount due. All sales after **8 July 2009** are final. NO REFUNDS, NO EXCEPTIONS.

Substitution Policy: All substitutions must be made via a Substitution Form (available from griffith@ncsi.com). Substitution forms should be completed and faxed no later than **15 July 2009** or submitted onsite. There are no one day substitutions, only full event substitutions.

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

Advance Payment Required – 3 Payment Options

Keep Original Payment Method

1 Credit Card - All credit card payments will be processed beginning **29 April 2009**

American Express MasterCard Visa

Credit Card Number _____

Exp. Date _____

Security Code _____

Print Name on Card _____

Cardholder's Signature _____

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.

2 Check enclosed

Mail completed registration form with check made payable to NCSI to:

NCSI
P.O. Box 64466
Baltimore, MD 21264-4466

3 Government Attendees ONLY

Government P.O. or Std. Form 182 # _____

Please fax completed form with Government P.O. or Std. Form 182 to 301-596-6274 at the same time this form is submitted.

How did you hear about the event?: (choose one)

NCSI E-mail NCSI Website
 Colleague Commander/Supervisor
 Flyer/Poster/Banner Government sponsor E-mail
 Other _____

NCSI USE ONLY: EBMS _____ RECEIPT _____