



NCSI®

**Space and Missile Systems Center (SMC)
Industry Day & Technology Expo
October 18-19, 2017
ATTENDEE REGISTRATION FORM**

Please Fax completed forms to: 443-561-2369 - For more information or questions, call 443-561-2368 or email Taylor@ncsi.com

ATTENDEE INFORMATION	Prefix or Rank (Dr., Ms., COL, etc.)	First Name	Full 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		Cell Phone	Citizenship	
	Unclassified E-mail Address (for confirmation and receipt)		Driver's License (State & No.)	Birth Date (MM/DD/YYYY)	
	ADA/Special Requirements				

REGISTRATION TYPE	<input type="checkbox"/> Government Contractor / Industry Early Bird By August 15 Price After August 15 Price with Expo table	Standard Rate <input type="checkbox"/> \$249.00 <input type="checkbox"/> \$299.00 <input type="checkbox"/> \$99.00 <input type="checkbox"/> Complimentary	Cancellation Policy: All cancellations must be received in writing no later than September 21, 2017 after which you will be held liable for 100% of the amount due. All sales after September 21, 2017 are final. NO REFUNDS, NO EXCEPTIONS. Substitution Policy: All substitutions must be made via a Substitution form. Substitution forms should be completed and faxed no later than September 21, 2017 . THERE WILL BE NO ON-SITE SUBSTITUTIONS. **SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES**
	<input type="checkbox"/> Government / Active Military (valid ID Required)		

PAYMENT OPTIONS	1 <input type="checkbox"/> Credit Card - All credit card payments will be processed beginning September 26, 2017 <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <i>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.</i>		
	Credit Card Number	Exp. Date	Security Code
	Print Name on Card	Cardholder's Signature (Required)	
	2 <input type="checkbox"/> Check enclosed Mail completed registration form with check made payable to NCSI to: NCSI P.O. Box 64466, Baltimore, MD 21264-4466		

REQUIRED	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 _____