



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

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

ORIGINAL ATTENDEE INFORMATION

Name		Signature	
Order #	Daytime Telephone	Registration Fee	

NEW ATTENDEE INFORMATION

Prefix or Rank (Dr., Ms., COL, etc.)	First Name	MI	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, 0 7*)	
Preferred 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

- Government Contractor / Industry**
Early Bird By August 15
Price After August 15
Price with Expo table
- Government / Active Military**
(valid ID Required)

Standard Rate

- \$249.00
- \$299.00
- \$99.00
- 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****

PAYMENT OPTIONS

- 1** **Keep original payment method**
- 2** **Credit Card** - All credit card payments will be processed beginning **September 26, 2017** 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)	

- 3** **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: NCSI E-mail NCSI Website Colleague Commander/Supervisor FedBizOps Social Media Other _____