



3rd Annual UCDMO Conference  
August 31 - September 3, 2009 – San Diego, CA

NCSI

Fax Completed Forms to:  
443-561-2459

For more information, call 443-561-2458  
Or email combs@ncsi.com

ATTENDEE REGISTRATION FORM

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

CONFIRMATIONS AND RECEIPTS WILL BE E-MAILED TO THE E-MAIL ADDRESS PROVIDED — PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING

**Registration Type/Fee Selection:**

	<b>Early-Bird Rate</b> (through 7/17/09)	<b>Standard Rate</b> (effective 7/18/09)
<input type="checkbox"/> Government Employee/Active Military <small>(with valid current Government/Military I.D.)</small>	<input type="checkbox"/> \$449.00	<input type="checkbox"/> \$499.00
<input type="checkbox"/> Government Contractor/Industry	<input type="checkbox"/> \$529.00	<input type="checkbox"/> \$579.00

**Cancellation Policy:** All cancellations must be received in writing no later than 18 August 2009 after which you will be held liable for 100% of the amount due. All sales after 18 August 2009 are final. NO REFUNDS, NO EXCEPTIONS.

**Substitution Policy:** All substitutions must be made via a Substitution Form (available from combs@ncsi.com). Substitution forms should be completed and faxed no later than 24 August 2009 or submitted onsite. There are no one day substitutions, only full conference substitutions.

Advance Payment Required – 3 Payment Options

- 1 Credit Card** - All credit card payments will be processed beginning 20 August 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 443-561-2459 by 21 August 2009

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

NCSI E-mail  NCSI Website

Colleague  Commander/Supervisor

Flyer/Poster/Banner  Other \_\_\_\_\_

NCSI USE ONLY: EBMS \_\_\_\_\_ RECEIPT \_\_\_\_\_