



NCSI

ATTENDEE SUBSTITUTION 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

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

**Registration Type/Fee Selection:**

	Early-Bird Rate (Through 7/17/09)	Standard Rate (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.

**\*\*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 20 August 2009  
 American Express  MasterCard  Visa

Credit Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Print Name on Card \_\_\_\_\_

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

NCSI E-mail  NCSI Website  
 Colleague  Commander/Supervisor  
 Flyer/Poster/Banner  Other \_\_\_\_\_

**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

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