

Exhibitor Dinner Cruise Registration

NDIA Master ID/Membership # _____ Social Security # _____
(If known - hint: on mailing label above your name) (Last 4 digits - optional)

Prefix _____
(RADM, COL, Mr., Ms., Dr., etc.)

Name First _____ MI _____ Last _____

Military Affiliation _____ Nickname _____
(USMC, USA (Ret.) etc.) (For meeting badges)

Title _____

Organization _____

Street Address _____

Address *(Suite, PO Box, Mail Stop, Building, etc.)* _____

City _____ State _____ Zip _____ Country _____

Phone _____ Ext. _____ Fax _____

E-Mail _____

Signature* _____ Date _____

Preferred way to receive information

Conference Information Address above Alternate *(Print address below)* E-mail

Subscriptions Address above Alternate *(Print address below)*

Alternate Street Address _____

Alternate Address *(Suite, PO Box, Mail Stop, Building, etc.)* _____

City _____ State _____ Zip _____ Country _____

** By your signature above, you consent to receive communications sent by or on behalf of NDIA, its Chapters, Divisions and affiliates (NTSA, AFEI, PSA, NCWG, WID) through regular mail, e-mail, telephone or fax. NDIA, its Chapters, Divisions and affiliates do not sell data to vendors or other companies.*

By completing the following, you help us understand who is attending our meetings.

Primary Occupational Classification. Check ONE.

- A. Defense Business/Industry
- B. R&D/Laboratories
- C. Army
- D. Navy
- E. Air Force
- F. Marine Corps
- G. Coast Guard
- H. DOD/MOD Civilian
- I. Government Civilian (Non-DOD/MOD)
- J. Trade/Professional Assn.
- K. Educator/Academia
- L. Professional Services
- M. Non-Defense Business
- N. Other

Current Job/Title/Position. Check ONE.

- A. Senior Executive
- B. Executive
- C. Manager
- D. Engineer/Scientist
- E. Professor/Instructor/Librarian
- F. Ambassador/Attaché
- G. Legislator/Legislative Aide
- H. General/Admiral
- I. Colonel/Navy Captain
- J. Lieutenant Colonel/Commander/Major/Lieutenant Commander
- K. Captain/Lieutenant/Ensign
- L. Enlisted Military
- O. Other _____

Year of birth _____

Exhibitor Boat Cruise Registration Fees

Registration for the boat cruise will not be accepted unless Exhibitor Registration has been processed.

- Yes! Sign me up for the Dinner Cruise (No Charge)
- \$75 Guest Fee for Dinner Cruise

Guest Name _____

All cancellations received will receive a refund minus a \$75 cancellation fee. No refunds for cancellations received after 4/2/10. **Substitutions welcome in lieu of cancellations!** Substitutions and cancellations must be made in writing to kseymour@ndia.org.

Payment Options

- Check *(Payable to NDIA - Event #0730)*
- Cash
- Government PO/Training Form # _____
- VISA
- MasterCard
- American Express
- Diners Club

If paying by credit card, you may return by fax to (703) 522-1885.

Credit Card Number

Exp. Date /

Signature _____ Date _____

Questions: Ms. Kelly Seymour, Meeting Planner
 (703) 247-2583 or kseymour@ndia.org
Mail to: NDIA, Event #0730
 2111 Wilson Boulevard, Suite 400
 Arlington, VA 22201
Fax to: (703) 522-1885