



EVENT #21FO ▶ NTSA REGISTRATION FORM

NATIONAL TRAINING AND SIMULATION ASSOCIATION ▶ 2111 WILSON BOULEVARD, SUITE 400 ▶ ARLINGTON, VA 22201-3061
 (703) 247-9490 ▶ (703) 243-1659 FAX ▶ WWW.TRAININGSYSTEMS.ORG

3 WAYS TO SIGN UP:

1. Online with a credit card at www.ndia.org
2. By fax with a credit card - Fax: (703) 243-1659
3. By mail with a check or credit card

▶ Address Change Needed

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

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

Name: First _____ MI _____ Last _____

Military Affiliation _____ Nickname _____
(e.g. 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, WID) through regular mail, e-mail, telephone or fax. NDIA, its Chapters, Divisions and affiliates do not sell data to vendors or other companies.

CONFERENCE REGISTRATION FEES

	Regular <i>(1/6-2/9)</i>	Late <i>(After 2/10)</i>
Government/Academia	\$325	\$375
Industry NTSA/NDIA Member	\$375	\$425
Industry non-NTSA/NDIA member	\$425	\$475

PAYMENT OPTIONS

- Check (Payable to NDIA)
 VISA MasterCard American Express Diners Club

If paying by credit card, you may return by fax to (703) 243-1659.

Credit Card Holder Name _____

Credit Card Number _____

Exp. Date (Month/Year) _____

Signature _____ Date _____

IF YOU PLAN TO PARTICIPATE IN THE TOUR ON THURSDAY FEBRUARY 23, 2012; THE FOLLOWING INFORMATION IS REQUIRED.

First _____
 Last _____
 SSN _____
 DOB _____
 DL Number _____
 State of DL Issue _____

QUESTIONS, PLEASE CONTACT:

SAMANTHA J. RIEMER

PHONE: (703) 247-9490

E-MAIL: SRIEMER@NDIA.ORG

MAIL REGISTRATION TO:

NTSA - EVENT #21FO
 2111 WILSON BOULEVARD
 SUITE 400
 ARLINGTON, VA 22201

FAX TO: (703) 243-1659



CANCELLATIONS & SUBSTITUTIONS

A cancellation fee of \$75 will be charged for cancellations on or before February 13. No refunds will be given for cancellations received after February 13. If you are unable to attend the event, a substitute can attend in your place free of charge.