

EVENT #2730 ▶ EXHIBITOR DINNER REGISTRATION FORM

28TH ANNUAL NATIONAL LOGISTICS CONFERENCE & EXHIBITION ▶ HYATT REGENCY MIAMI ▶ MIAMI, FLORIDA ▶ MARCH 26-29, 2012

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION ▶ 2111 WILSON BOULEVARD, SUITE 400 ▶ ARLINGTON, VA 22201-3061
(703) 522-1820 ▶ (703) 522-1885 FAX ▶ WWW.NDIA.ORG



EXHIBITOR DINNER REGISTRATION FORM
Wednesday Dinner on the Riverwalk

▶ 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.

EXHIBITOR WEDNESDAY DINNER REGISTRATION

- Yes! I will attend the Wednesday Dinner on the Riverwalk (no additional charge)
- I would like to bring a guest to the Wednesday Dinner on the Riverwalk (additional fee of \$100)

Guest Name _____

PAYMENT OPTIONS (only required if bringing a guest)

▶ Check (Payable to NDIA - Event #2730) Government PO/Training Form # _____
▶ VISA MasterCard American Express Diners Club Cash

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

Credit Card Number

_____/_____
Exp. Date

Signature _____ Date _____

BY COMPLETING THE FOLLOWING, YOU HELP US UNDERSTAND WHO IS ATTENDING OUR EVENTS.

PRIMARY OCCUPATIONAL CLASSIFICATION. Check ONE.

- Defense Business/Industry
- R&D/Laboratories
- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- DOD/MOD Civilian
- Government Civilian (Non-DOD/MOD)
- Trade/Professional Assn.
- Educator/Academia
- Professional Services
- Non-Defense Business
- Other _____

CURRENT JOB/TITLE/POSITION.

- Check ONE.
- Senior Executive
 - Executive
 - Manager
 - Engineer/Scientist
 - Professor/Instructor/Librarian
 - Ambassador/Attaché
 - Legislator/Legislative Aide
 - General/Admiral
 - Colonel/Navy Captain
 - Lieutenant Colonel/Commander/ Major/Lieutenant Commander
 - Captain/Lieutenant/Ensign
 - Enlisted Military
 - Other _____

Year of birth _____
(optional)

QUESTIONS, CONTACT:

**MEGAN EDWARDS,
MEETING PLANNER**

PHONE: (703) 247-2566

E-MAIL: MEDWARDS@NDIA.ORG

MAIL REGISTRATION TO:

NDIA - EVENT #2730
2111 WILSON BOULEVARD
SUITE 400
ARLINGTON, VA 22201

FAX TO: (703) 522-1885