



NDIA SPOUSE/GUEST RECEPTION TICKET(S) REGISTRATION FORM - EVENT #7530
2017 Tactical Wheeled Vehicles Conference • RESTON, VA • MAY 15 - 17, 2017

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 522-1820 • (703) 522-4601 Fax • www.ndia.org

Two ways to register:



By fax with a credit card



By mail with a check or credit card

____ Address Change Needed

NDIA Master ID/Membership # _____

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 _____
 (Include your 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

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.

SPOUSE / GUEST RECEPTION ONLY REGISTRATION FEES*	<i>Reception only registration tickets</i>
Annual Tactical Wheeled Vehicle Networking Reception and Dinner (Mon., 5/15)	\$50.00
Annual Tactical Wheeled Vehicle Reception (Tues, 5/16)	\$25.00
Spouse/Guest Activities	
If your spouse or guest would like to participate in any of the following events, please fill-out this form, and submit along with a form of payment (this does not include attendance at any of the other conference food functions: continental breakfasts, coffee breaks, and/or lunch, or conference attendance). Please email your spouse/guest name to: the Association Service Center at webasc@ndia.org by: Friday, May 5th, 2017 to verify registration.	

PAYMENT OPTIONS

- Check (Payable to NDIA - Event #7530)
- VISA MasterCard American Express

If paying by credit card, you may return by fax to (703) 522-4601.

Name on the Credit Card _____

Credit Card Number _____

Exp. Date (Month/Year) _____

Signature _____ Date _____

No refunds for cancellations received after Friday, May 5, 2017.
\$75 fee for all cancellations. Substitutions welcome in lieu of cancellations!

- No, I do NOT want to have my contact information (ph# and e-mail address only) included on the conference attendee registration list that is handed-out on-site during registration check-in, you may "opt out" by checking here.

Name of your (spouse/guest):

QUESTIONS, CONTACT:

MS. ANGIE DE KLEINE, CAE, CMM, CMP, CEM / MS. CAROL DWYER

PHONE: (703) 247-2599 / (703) 247-2582

FAX TO: (703) 522-4601

E-MAIL: ADEKLEINE@NDIA.ORG / CDWYER@NDIA.ORG

MAIL REGISTRATION TO:

NDIA - EVENT #7530

2101 WILSON BOULEVARD SUITE 700

ARLINGTON, VA 22201