



NDIA REGISTRATION FORM

2017 JOINT ANNUAL NDIA/AIA INDUSTRIAL SECURITY COMMITTEE FALL CONFERENCE • SAN DIEGO, CA • NOVEMBER 13-15, 2017

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

Three ways to register:

Online with a credit card—<http://www.ndia.org/login>

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.

CONFERENCE REGISTRATION FEES	Early (Until 9/29)	Regular (9/30 - 11/3)	Late/Onsite (11/4/2017)
Government	\$575	\$630	\$715
Academia	\$575	\$630	\$715
Industry	\$800	\$880	\$990
One Day Only	\$350	\$350	\$350
Monday Reception Guest Ticket	\$40	\$40	\$40
Tuesday Dinner Guest Ticket	\$165	\$165	\$165
Reception & Dinner Combo Guest Ticket	\$200	\$200	\$200

No refunds for cancellations received after 11/4/2017. \$75 fee for all cancellations. Substitutions welcome in lieu of cancellations!

PAYMENT OPTIONS

- Check (Payable to NDIA - Event #8ISF)
- 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 _____

QUESTIONS, CONTACT:

MS. LYNETTE PETITO, MEETING PLANNER

PHONE: (703) 247-2572

FAX TO: (703) 522-4601

E-MAIL: LPETITO@NDIA.ORG

MAIL REGISTRATION TO:

NDIA - EVENT #8ISF

2101 WILSON BOULEVARD SUITE 700

ARLINGTON, VA 22201