



# NDIA REGISTRATION FORM


OCTOBER PROCUREMENT DIVISION MEETING • ARLINGTON, VA • OCTOBER 10, 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	Late/Onsite
Industry NDIA Member and affiliates (AFEI, NTSA, PSA, WID)	\$100

No refunds for cancellations received after 10/5/2017. \$25 fee for all cancellations. Substitutions welcome in lieu of cancellations!

## PAYMENT OPTIONS

Check (Payable to NDIA - Event #0000)

VISA       MasterCard       American Express

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

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 #8PC1

2101 WILSON BOULEVARD SUITE 700

ARLINGTON, VA 22201