

Year 2018 Multinational Ballistic Missile Defense Conference

7 – 9 November 2018

NATO Headquarters, Brussels, Belgium

Attendance at the Year 2018 Multinational Ballistic Missile Defense Conference is limited to those personnel actively engaged in work related to the subject matter of the conference. Individuals must possess at least a U.S. Secret clearance. Hand-carried Conference Security Forms will not be accepted at the conference site. Please legibly print all the requested information in the applicable portions of this form and ensure that Part 4 is completed by your Security Manager or Facility Security Officer (FSO) certifying your security clearance. After properly completing this form and obtaining the certifying signature, fax by 15 October 2018 to:

Missile Defense Agency/SOC
Fax: 571-231-8099

PART 1: TYPE OF CONFERENCE ATTENDEE (check only one box below):

- U.S. Government (Civilian)
U.S. Government (Military)
U.S. Industry (Contractor)
MDA Employee (U.S. Government-Civilian)
MDA Employee (U.S. Government-Military)
MDA Employee (Contractor)
Other (specify: _____)

PART 2: CATEGORY OF CONFERENCE ATTENDEE (check only one box below):

- Delegate/All Sessions-Open and Controlled Unclassified-Complete Parts 3, 4, and 5
Delegate/Open Sessions Only-Complete Parts 3 and 5
Invited Speaker (Attending Only to Deliver Invited Speech/Presentation)-Complete Part 3
Support Staff/All Sessions-Complete Parts 3 and 4
Security-All Sessions-Complete Parts 3 and 4

PART 3: ATTENDEE/DELEGATE INFORMATION

Form fields for attendee information including Last Name/First Name/Middle Initial, Your Name as You Would Like it to Appear on Badge, Social Security Number, Title or Military Rank & Branch, Office Phone, Date of Birth-mm/dd/yr, Place of Birth-City/State/Country, and Company or Organization Name, Address (City, State, Zip Code).

PART 4: CLEARANCE CERTIFICATION BY SECURITY MANAGER/FACILITY SECURITY OFFICER(FSO)

It is certified that the individual listed above possesses a _____ security clearance issued on _____ by _____

Organizational Name and Address of Certifying Official _____

Printed Name and Title of Certifying Official _____ Phone Number _____ SC No./Cage Code (Industry Only) _____

Certifying Officials Signature/Date Signed _____

PART 5: EMAIL NOTIFICATION

Provide your email address if you wish to receive notification of your registration status by MDA/SOC. (One character/symbol per box.)

Grid of 30 vertical boxes for email notification input.

All questions concerning completion of this security form or the submission to MDA/SOC should be directed to the MDA Security Operations Center (SOC) Special Event and Conference Badging Office at 571-231-8098. The completed form must be received by 15 October 2018 for processing.

PRIVACY ACT STATEMENT
Executive Order 10450 authorizes collecting information to verify the security clearance of persons accessing DoD facilities/meetings. The information will be protected per 5 USC 552a (Privacy Act of 1974) and 44 USC 3101 (Records Management), and only shared with other Federal, State, and local agencies for investigative purposes, if required. Providing this information is voluntary; however, failure to do so may result in denial of access to MDA supported facilities, meeting rooms, or event areas.

FOR MDA/SOC USE ONLY

Date Form Received: _____ Attendee Code: _____ Date Entered Database: _____

Discrepancies: Form Not Readable: _____ No Picture: _____ No FSO Signature: _____

Notified by: (check one) [] Email [] Phone on _____ for receipt/status or discrepancy notification.