THIS CONFERENCE SECURITY FORM IS FOR U.S. CITIZENS

Year 2019 Multinational Ballistic Missile Defense Conference

29 - 31 October 2019

Hilton Dresden, Germany

Attendance at the Year 2019 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 2019 to:

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

		rax: 5/	1-231-0099									
PART 1: TYPE OF CO	NFERENCE ATTI	ENDEE (check on	ly one box below	/):								
U.S. Government (Civilian) MDA Employee (U.S. Government) Other (specify:	J.S.Government (Milita MDA Employee (U.S. C											
PART 2: CATEGORY C	F CONFERENCE	ATTENDEE (cl	neck only one bo	x below)):							
Delegate/All Sessions-Open and Delegate/Open Sessions Only-Composite Invited Speaker (Attending Only Support Staff/All Sessions-Composite Invited Speaker (Attending Only Support Staff/All Sessions-Complete In Security-All Sessions-Complete In PART 3: ATTENDEE/Delegate/	omplete Parts 3 and 5 to DeliverInvited Speech/Pre lete Parts 3 and 4 Parts 3 and 4	sentation)-Complete Par	13									
(Last Name/First Name/Middle Initial)	(Your Name	(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)					
(Company or Organization Name, Address (City, State, ZipCode))											
PART4: CLEARANCE	CERTIFICATION	I BY SECURIT	Y MANAG	ER/F	ACILI	TY SI	ECUR	eITY ()	FFIC	CER	(FSO)
		(B) SECORT									(150	,
It is certified that the individual listed above possesses a			security clearance issued on					by				
Organizational Name and Address of Certif	ying Official											
Printed Name and Title of Certifying Official			Phone Number					SC No./Cage Code (Industry Only)				
Certifying Officials Signature/Date Signed												
PART 5: EMAIL NOTIL	FICATION											
Provide your email address if you	u wish to receive notification	on of your registration	status by MDA	/SOC. (0	One chai	racter/sy	mbol pe	er box.)				
$\overline{\mathbf{m}}$	+++++	Ш	ПП		П	П	П	П	1	П	П	П
All questions concerning of Operations Center (SOC) 15 October 2019 for proceed PRIVACY ACT STATEMENT Executive Order 10450 authorizes of (Privacy Act of 1974) and 44 USC 3 is voluntary; however, failure to do	Special Event and Coessing. Ollecting information to verify 101 (Records Management),	onference Badgin the security clearance o	g Office at 5° f persons accessing er Federal, State, a	71-231	-8098.	The ceetings. To investi	comple	eted form	m mu	ist be	recei	ved by SC 552a
		FOR MDA/SO	C USE ONLY									
Date Form Received:	Attendee Co	de:		_ Date Ente	ered Databa	ıse:				_		

Discrepancies: Form Not Readable: No Picture: No FSOSignature: _____

for receipt/status or discrepancy notification.

Notifiedby: (check one: Email Phone) on _____