T H I S CONFERENCE SECURITY FORM IS FOR U.S. CITIZENS

2020 Ronald Reagan Missile Defense Conference

18 - 19 May 2020

Washington, D.C.

Attendance at the 2020 Ronald Reagan 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, email/fax by **1 May 2020** to:

Missile Defense Agency/SOC
Email: bmdconference@mda.mil
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

_____ (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)

_____ (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.)

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 **1 May 2020** 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 ❑ Email ❑ Phone) on_____for receipt/status or discrepancy notification.