THIS CONFERENCE SECURITY FORM IS FOR U.S. CITIZENS

Year 2022 Multinational Missile Defense Conference

15 - 17 November 2022 Hilton

Amsterdam, Netherlands

Attendance at the Year 2022 Multinational 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 1 November 2022 to:

Missile Defense Agency/SOC Fax: 256-450-3217

PART 1: TYPE OF CONFERENCE	E ATTENDEE (check only one box below):		
□ U.S. Government (Civilian)□ MDA Employee (U.S. Government–Civilian)	U.S.Governmen MDA Employ	nt (Military) ree (U.S. Government-Military)	U.S. Industry (Contra	
Other (specify:)		
PART 2: CATEGORY OF CONFE	RENCE ATTEN	NDEE (check only one box	pelow):	
Delegate/All Sessions-Open and Controlled Unclass Delegate/Open Sessions Only-Complete Parts 3 and	d 5			
Invited Speaker (Attending Only to Deliver Invited S	peech/Presentation)-Com	plete Part 3		
Support Staff/All Sessions—Complete Parts 3 and 4				
Security-All Sessions-Complete Parts 3 and 4				
PART 3: ATTENDEE/DELEGATE	E INFORMATIO	N		
(Last Name/First Name/Middle Initial)		Your Name as You Would Like it to App	ear on Badge)	(Social Security Number)
(Title or Military Rank & Branch) (Office Phone))	(Date ofBirth-mm/dd/yr)		(Place of Birth-City/State/Country)
(Company or Organization Name, Address (City, State, Zip Code)))			
PART 4: CLEARANCE CERTIFIC		CURITY MANAGEI	P/FACII ITV SEC	TIRITY OFFICER (FSO)
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It is certified that the individual listed above poss	sesses a	security	clearance issued on	by
Organizational Name and Address of Certifying Official				
Printed Name and Title of Certifying Official		Phone Number	SCN	No./Cage Code (Industry Only)
Certifying Officials Signature/Date Signed				
PART 5: EMAIL NOTIFICATION	[
Provide your email address if you wish to receive		gistration status by MDA/SO	C. (One character/symbol	l per box.)
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All questions concerning completion of Operations Center (SOC) Special Even completed form must be received by 1	at and Conference	Badging Office at 256-4		-
PRIVACY ACT STATEMENT Executive Order 10450 authorizes collecting informati (Privacy Act of 1974) and 44 USC 3101 (Records Man is voluntary; however, failure to do so may result in de	nagement), and only shared	with other Federal, State, and loc	al agencies for investigative	
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	FOR MI	DA/SOC USE ONLY		
Date FormReceived:	Attendee Code:	Date	Entered Database:	
Discrepancies: Form Not Readable:	No Picture:		No FSO Signature:	<u> </u>
Notified by: (check Email Phone) on		ior receipt/status or discrepancy no	incation.	Controlled by: Missile Defense Agency