

# THIS CONFERENCE SECURITY FORM IS FOR U.S. CITIZENS

## Year 2024 Multinational Missile Defense Conference

29-31 October 2024

Sheraton Grand Warsaw, Poland

Attendance at the Year 2024 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, email (with photo, see instructions) or fax by **11 October 2024** to:

### Missile Defense Agency/SOC

Email: [BMDConference@mda.mil](mailto:BMDConference@mda.mil)

Fax: 256-450-3222

#### 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 Classified-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) (Name must match Government ID)

\_\_\_\_\_  
(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 in the space below if you wish to receive notification of your registration status by MDA/SOC.

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 256-336-7028. To ensure clearance verification, the completed form must be received by **11 October 2024** 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.

Controlled by: Missile Defense Agency

Controlled by: DSSO

CUI Category: PII

Distribution/Dissemination Control: FEDCON

POC: Maurice.Elliard@mda.mil

**CUI**