THIS CONFERENCE SECURITY FORM IS FOR NON-U.S.CITIZENS

2024 Ronald Reagan Missile Defense Conference

16-17 April 2024 Washington, D.C.

Attendance at the Year 2024 Ronald Reagan Missile Defense Conference is limited to individuals granted a clearance by their government (equivalent to a U.S. Secret or higher security clearance) and a valid need-to-know. Individuals possessing a security clearance granted by their government and having a valid need-to-know may participate in all sessions of the two day conference. Individuals who do NOT possess a security clearance granted by their Government but have a need-to-know, may request authorization to attend only the open sessions on day one.

In addition to this form, delegates must forward a Visit Authorization Request (VAR) to the Defense Intelligence Agency with the MDA address listed in the Facility Information section through their embassy in Washington, DC, in accordance with U.S. foreign visit procedures. See Conference Security Form Submission Instructions NON-U.S. Delegates and Other Attendees. Please contact your respective embassy for submission details and individual reporting requirements.

CATEGORY OF CONFERE	ENCE ATTENDEE (Check Only On	e Box Below)
☐ Delegate/All Sessions—Open and Controlled	Classified	
☐ Delegate/Open Sessions Only		
☐ Invited Speaker(Attending Only to Deliver In	avited Speech/Presentation)	
☐ Support Staff (Approved by Host Nation)		
☐ Security (Approved by Host Nation)		
	NEODMATION (N. 1911)	1 1/1)
ATTENDEE/DELEGATET	NFORMATION (Please print legibly a	and completely)
Last Name/Surname/Family Name – First Name/Forenam	ne/Given Name – Initial (Name must match Government ID)	Country of Citizenship
	(and make determined to	Country of Careensinp
Your Name As It Will Appear On Badge (Name must a	natch Government ID.)	
(Title or Rank)	Date of Birth (mm/dd/yr)	Place of Birth – City/State/Country
Passport Number and Country that Issued the Passport		Phone Number at Which You Can Be Contacted
Company/Organization		Company/Organization Phone Number (If dialed from the U.S.)
Company/Organization Address/Street/City/Country		Name of Embassy Processing Visit Request
EMAIL NOTIFICATION		
EMAIL NOTIFICATION Provide your email address in the space below	ow if you wish to receive notification of your re	gistration status by MDA/SOC.
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All quantions conserving completion of th	a contribute form or the submission to MDA/SC	C should be directed to the MDA/SOC Security Operations Center
(SOC) Special Event and Conference Badgi		to should be directed to the MDA/30C Security Operations Center
PRIVACY ACT STATEMENT		
		essing DoD facilities/meetings. The information will be protected per 5 USC 552a ate, 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, meet	ing rooms, or event areas.
To ensure secur	ity clearance verification, this conference se	curity form and your embassy approved VAR
(through	igh appropriate channels) must be received	at the MDA/SOC by 25 March 2024
	MDA/SOC USE O	DNLY
Date Form Received:	Attendee Code:	Date Entered Database:
VAR Approval Number:		Date Approved:
	concern	ning receipt/status or discrepancy notification.
Discrepancies		

