

NTSA ONSITE REGISTRATION FORM

iFest2018 | Alexandria, VA | August 27 – 29, 2018

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 247-9471 • (703) 243-1659 Fax • TrainingSystems.org

REGISTRANT INFORMATION

NDIA Master ID/Membership # _____ Prefix (e.g. RADM, COL, Mr., Ms., Dr., etc.) _____

Name: First _____ MI _____ Last _____

Military Affiliation _____ Nickname _____
(e.g. USMC, USA (Ret.) etc.) (For meeting badges)

Title _____

Organization _____

Street Address _____
(Include your Suite, PO Box, Mail Stop, Building, etc.)

City _____ State _____ Zip _____ Country _____

Phone _____ Ext. _____ Fax _____

E-Mail _____

Signature* _____ Date _____

PREFERRED WAY TO RECEIVE INFORMATION

Conference Information - Address above Alternate (Print address below) E-mail

Alternate Street Address _____

Alternate Address (Suite, PO Box, Mail Stop, Building, etc.) _____

City _____ State _____ Zip _____ Country _____

* By your signature above, you consent to receive communications sent by or on behalf of NDIA, its Chapters, Divisions and affiliates (NTSA, PSA, WID) through regular mail, e-mail, telephone or fax. NDIA, its Chapters, Divisions and affiliates do not sell data to vendors or other companies.

| REGISTRATION CATEGORY | Onsite |
|---|--------|
| Academia | \$500 |
| Government (NO MEALS) | \$0 |
| Government (Meals Included) | \$150 |
| Industry – Member | \$600 |
| Industry - Non Member | \$650 |
| Speaker - Full Conference | \$225 |
| Speaker - One-day | \$0 |
| Speaker - Government One-day (Meal Included) | \$0 |
| Complimentary Exhibitor/Sponsor | \$0 |
| Additional Exhibitor/Sponsor | \$400 |
| One-day Monday | \$100 |
| One-day Tuesday | \$225 |
| One-day Wednesday | \$225 |
| ADL Staff | \$300 |
| Government Lunch - Add to Existing Registration | \$30 |

| Yes | No | Yes | No |
|---|----|---|----|
| I agree to receive informational and promotional e-mails related to ifest and similar content from NDIA and affiliates. I can change my e-mail consent at any time. | | I agree to the terms of NDIA and affiliates' Privacy Policy. View Privacy Policy at NDIA.org/privacy-statement. | |

PAYMENT OPTIONS

Check - Payable to NDIA/NTSA - iFEST2018

VISA MasterCard American Express

Name on the Card _____

Card # _____ Exp. Date ____/____

Signature _____ Date _____