



# 81W1 REGISTRATION FORM

2018 Fall Simulation Innovation Workshop (SIW) | Orlando, FL | September 10 - 14, 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 \_\_\_\_\_

### REGISTRATION CATEGORY

	Early on or Before 8/24	Regular 8/25-9/7	Late 9/8 & After
Government	\$695	\$750	\$795
Academia	\$695	\$750	\$795
Industry	\$695	\$750	\$795
Sponsor	\$625	\$675	\$715
Tutorials (Unlimited)			\$75
CEU Certificates			\$0

Total \_\_\_\_\_

### CANCELLATIONS & SUBSTITUTIONS

A cancellation fee of \$75 will be charged for cancellations on or before August 31. No refunds will be given for cancellations received after August 31. If you are unable to attend the event, a substitute can attend in your place free of charge.

### QUESTIONS, CONTACT:

Patrick Rowe  
(703) 247-9491  
(703) 243-1659 (Fax)  
prowe@ndia.org

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I agree to receive informational and promotional e-mails related to the Fall SIW and similar content from NDIA and affiliates. I can change my e-mail consent at any time.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I agree to the terms of NDIA and affiliates' Privacy Policy. View Privacy Policy [here](#).

### PAYMENT OPTIONS

Check - Payable to NDIA or NTSA

VISA MasterCard American Express

Name on the Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_