



Cyber Education Symposium
November 19-20, 2013 – Arlington, VA

ATTENDEE REGISTRATION FORM

Please fax completed forms to: **443-561-2369** - For more information or questions, call 443-561-2368 or email taylor@ncsi.com

ATTENDEE INFORMATION	Prefix or Rank (Dr., Ms., COL, etc.)	First Name	MI	Last Name	
	First Name or Nickname to appear on badge		Job Title/Position		
	Co./Org. to appear on badge		Employer (Full Spelling)	Grade/Rank (i.e. "GS 11, SES, E 8, O 7")	
	Preferred Mailing Address				
	City	State	Postal Code		
	Daytime Telephone	Fax	Cell Phone		
	Unclassified E-mail Address (for confirmation and receipt)			Citizenship	
	ADA/Special Requirements				

REGISTRATION TYPE	<input type="checkbox"/> Government Employee/Active Military (Current Government/Military I.D. required)	<input type="checkbox"/> Early-Bird Rate (through 11/8/13)	<input type="checkbox"/> Standard Rate (effective 11/9/13)	<p>Cancellation Policy: All cancellations must be received in writing no later than October 22, 2013 after which you will be held liable for 100% of the amount due. All sales after October 22, 2013 are final. NO REFUNDS, NO EXCEPTIONS.</p> <p>Substitution Policy: All substitutions must be made via a Substitution form (available from taylor@ncsi.com). Substitution forms should be completed and faxed no later than November 14, 2013 or submitted onsite. There are no one day substitutions, only full conference substitutions.</p> <p>**SUBMISSION OF REGISTRATION FORM ACKNOWLEDGES THESE POLICIES**</p>
	<input type="checkbox"/> Government Contractor/Industry	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	
	<input type="checkbox"/> Academia	<input type="checkbox"/> \$399.00	<input type="checkbox"/> \$449.00	
	<input type="checkbox"/> Student (Student I.D. required)	<input type="checkbox"/> \$199.00	<input type="checkbox"/> No Fee	
	<input type="checkbox"/> Student (Student I.D. required)	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	

PAYMENT OPTIONS	1 <input type="checkbox"/> Credit Card - All credit card payments will be processed beginning October 29, 2013 .	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
	<i>Cardholder acknowledges this transaction in the amount shown above and agrees to perform the obligations set forth in the Cardholder's agreement with this issuer.</i>			
	Credit Card Number	Exp. Date	Security Code	
	Print Name on Card	Cardholder's Signature (Required)		
2 <input type="checkbox"/> Check enclosed Mail completed registration form with check made payable to NCSI to: NCSI P.O. Box 64466, Baltimore, MD 21264-4466				

REQUIRED	How did you hear about the event: <input type="checkbox"/> NCSI E-mail <input type="checkbox"/> NCSI Website <input type="checkbox"/> Colleague <input type="checkbox"/> Commander/Supervisor <input type="checkbox"/> Flyer/Poster/Banner <input type="checkbox"/> Professor
	<input type="checkbox"/> ZRA E-mail <input type="checkbox"/> ZRA Website <input type="checkbox"/> Council/Association <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Other _____
Please list any related associations and/or councils you belong to: _____	