

USSTRATCOM Cyber and Space Symposium 2011 Registration Form

November 15–17, 2011 | Qwest Center Omaha, Omaha, NE

Save time! Register securely at www.afcea.org/events/stratcom

Please bring and present your photo ID at an on-site registration counter.

RETURN COMPLETED FORMS TO:

MAIL: USSTRATCOM CYBER AND SPACE SYMPOSIUM
REGISTRATION CENTER
11208 WAPLES MILL ROAD, STE 112
FAIRFAX, VA 22030
Fax: 703-631-7258

For questions, call or email the

registration center at:

703-449-6418 or

cyberandspacereg@jspargo.com

* The asterisk denotes information that will be encoded on the back of your badge to create an electronic business card.

Active Retired Reserve Senior Executive Service

* Rank/Honorific _____ * Branch of Service _____ Status Yes No

* First Name _____ * M.I. _____ * Last Name _____

* Badge Name (Nickname) _____ * Title/Position _____

* Division _____ * Company/Organization _____

Business Home

* Street Address _____

* City _____ * State/Province _____ * Zip/Postal Code _____

* Country _____ () * Phone Number _____ () * Fax Number _____

()
Cell Phone Number (for emergency use only) _____ * E-Mail Address (Your confirmation is sent via e-mail if address is provided.) _____

Emergency Contact Name _____ Contact Phone _____ Contact Relationship _____

I do not want to receive mailings from USSTRATCOM Exhibitors.

<p>REGISTRATION OPTIONS</p> <p><input type="checkbox"/> Conference Registration (FULL)</p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> 1-Government AFCEA Member**</td><td style="text-align: right;">\$395</td></tr> <tr><td><input type="checkbox"/> 2-Government Non-Member</td><td style="text-align: right;">\$395</td></tr> <tr><td><input type="checkbox"/> 3-Military AFCEA Member**</td><td style="text-align: right;">\$395</td></tr> <tr><td><input type="checkbox"/> 4-Military Non-Member</td><td style="text-align: right;">\$395</td></tr> <tr><td><input type="checkbox"/> 5-Federally Reimbursed Contractor AFCEA Member**</td><td style="text-align: right;">\$550</td></tr> <tr><td><input type="checkbox"/> 6-Federally Reimbursed Contractor Non-Member</td><td style="text-align: right;">\$650</td></tr> <tr><td><input type="checkbox"/> 7-Industry AFCEA Member**</td><td style="text-align: right;">\$550</td></tr> <tr><td><input type="checkbox"/> 8-Industry Non-Member</td><td style="text-align: right;">\$650</td></tr> </table> <p>**AFCEA Member # _____ Membership will be verified. If you sign up at the member rate and are not a current individual member of AFCEA or a corporate designee, you will be charged the non-member rate.</p> <hr/> <p><input type="checkbox"/> Dietary Restrictions? (If so, please specify): _____</p> <hr/> <p>TOTAL AMOUNT DUE \$ _____</p> <hr/> <p>PAYMENT</p> <p><input type="checkbox"/> Check - Must be payable to AFCEA. <input type="checkbox"/> P.O./DD1556 (Must enclose a copy with registration form. Registrant is responsible for making sure payment is issued for the purchase order.)</p> <p>Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <hr/> <p>Card Number _____ Exp. Date _____</p> <hr/> <p>Card Holder's Name _____</p> <hr/> <p>Card Holder's Signature _____ Your signature authorizes your credit card to be charged for the total payment due. AFCEA reserves the right to charge the correct amount if different from the total listed.</p>	<input type="checkbox"/> 1-Government AFCEA Member**	\$395	<input type="checkbox"/> 2-Government Non-Member	\$395	<input type="checkbox"/> 3-Military AFCEA Member**	\$395	<input type="checkbox"/> 4-Military Non-Member	\$395	<input type="checkbox"/> 5-Federally Reimbursed Contractor AFCEA Member**	\$550	<input type="checkbox"/> 6-Federally Reimbursed Contractor Non-Member	\$650	<input type="checkbox"/> 7-Industry AFCEA Member**	\$550	<input type="checkbox"/> 8-Industry Non-Member	\$650	<p>ARE YOU A DV? Y__ N__</p> <p><input type="checkbox"/> DV2 <input type="checkbox"/> DV5 <input type="checkbox"/> DV3 <input type="checkbox"/> DV6 <input type="checkbox"/> DV4 <input type="checkbox"/> DV7</p> <p>Expected Arrival Date: _____ Expected Departure Date: _____</p> <hr/> <p>ORGANIZATION (Check one)</p> <p><input type="checkbox"/> 20. Active Air Force <input type="checkbox"/> 21. Active Army <input type="checkbox"/> 22. Active Coast Guard <input type="checkbox"/> 23. Active Marine Corps <input type="checkbox"/> 24. Active Navy <input type="checkbox"/> 25. Business/Industry <input type="checkbox"/> 28. Education/Academia <input type="checkbox"/> 29. Full-Time Student <input type="checkbox"/> 27. National Government – Defense <input type="checkbox"/> 32. National Government – Homeland Security <input type="checkbox"/> 33. National Government – Intelligence <input type="checkbox"/> 34. National Government - Other <input type="checkbox"/> 35. National Guard/Reserves <input type="checkbox"/> 31. State/Local/Provincial Government Employee <input type="checkbox"/> 50. Other (Describe) _____</p> <hr/> <p>AGE RANGE (to identify individuals in order to invite to Young AFCEAN Social Event)</p> <p><input type="checkbox"/> 1. Under 25 <input type="checkbox"/> 2. 25-30 <input type="checkbox"/> 3. 31-35 <input type="checkbox"/> 4. 36-40 <input type="checkbox"/> 5. Over 40</p>	<p>OCCUPATION (Check one)</p> <p><input type="checkbox"/> 29. Account Management <input type="checkbox"/> 30. Acquisition/Contracting/Procurement <input type="checkbox"/> 31. Consulting <input type="checkbox"/> 32. Engineering/R&D/Test & Evaluation/Analysis <input type="checkbox"/> 33. Information Technology <input type="checkbox"/> 34. Logistics <input type="checkbox"/> 35. Management – Executive Level <input type="checkbox"/> 25. Operations <input type="checkbox"/> 36. Product Management <input type="checkbox"/> 37. Program/Project Management <input type="checkbox"/> 28. Sales/Marketing/Business Development <input type="checkbox"/> 50. Other (Describe) _____</p> <hr/> <p>SPECIALTY (Check one)</p> <p><input type="checkbox"/> 37. Command & Control/Communications <input type="checkbox"/> 38. Computer Hardware/Software <input type="checkbox"/> 39. Data/Database Management <input type="checkbox"/> 40. Electronic Warfare/Information Operations <input type="checkbox"/> 41. Emergency Management/ Law Enforcement/Public Safety <input type="checkbox"/> 42. Imaging, Surveillance & Reconnaissance <input type="checkbox"/> 43. Information/Management/Security/ Assurance <input type="checkbox"/> 31. Intelligence <input type="checkbox"/> 44. Telecommunications/Networks <input type="checkbox"/> 45. Training/Modeling & Simulation <input type="checkbox"/> 50. Other (Describe) _____</p>
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<p>CHANGE/CANCELLATION INFORMATION</p> <p>Refunds must be requested online or in writing no later than November 1, 2011. Written cancellations received by that date will be refunded in full. Substitutions are welcome.</p>																		