



91WO REGISTRATION FORM

2019 Simulation Innovation Workshop (SIW) | Orlando, FL | February 11-15, 2019

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

| | Late/Onsite 2/9 & After |
|-----------------------|----------------------------|
| Government | \$795 |
| Academia | \$795 |
| Industry | \$795 |
| Sponsor | \$715 |
| Student | \$400 |
| Tutorials (Unlimited) | \$75 |
| CEU Certificates | \$0 |

Total _____

Yes

No

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

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

PAYMENT OPTIONS

Check - Payable to NTSA/NDIA

VISA

MasterCard

American Express

Name on the Card _____

Card # _____ Exp. Date ____/____

Signature _____ Date _____

QUESTIONS, CONTACT:

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