



IRM College Automated Event Registration Form



Registrant Information (fields with an * are required)

* Title: _____

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

Suffix: _____

Position _____

Organization _____

Department _____

* Mailing Address _____

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

Country _____

* Telephone: _____ Fax: _____

* E-mail: _____

Date of Birth (MM/DD/YYYY) _____

National Defense University Staff / Faculty / Student NDU Badge # _____

Yes, you may release my information to other conference attendees.

Select Payer for the Registration

Same as registrant? Payer other than registrant?

CONFERENCE

* Enter Event Name _____ Price \$ _____

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Washington DC 20319

Homepage <http://www.ndu.edu/irmc/>

Submit Data