



**NATIONAL DEFENSE UNIVERSITY
INSTITUTE FOR NATIONAL STRATEGIC STUDIES
AUTOMATED CONFERENCE REGISTRATION FORM**



Registrant Information (fields with an * are required)

Date: 10/31/2008

* 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

2008 Topical Symposium - Meeting Complex Challenges Through National Security Reform
- Washington, DC - October 16-17, 2008

I would like to attend the following:

Lunch: 16 October 2008 Price \$ _____

Lunch: 17 October 2008

Fee increases to \$135 on 24 September. No refunds after 9 October

Payment Due: \$ _____

National Defense University
Institute for National Strategic Studies
300 5th Avenue
Fort Lesley J McNair
Washington DC 20319-5066

[INSS Conferences Home Page](#)