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

Registrant Information (fields with an * are required) Date: 11/6/2008

* 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

Lunch: ☐ 17 October 2008

Price $ _____

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

---

Payment Due: $ _____

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

INSS Conferences Home Page