



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



Registrant Information (fields with an * are required)

Date: _____

* Title: _____

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

Suffix: _____

Position: _____

Organization: _____

Department: _____

* Mailing Address: _____

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

Country: _____

* Telephone: _____ Fax: _____

E-mail: _____

Current 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?

* First Name: _____ * Last Name: _____

* Telephone: _____ E-mail: _____

CONFERENCE (Please choose a conference from the drop down list below)

I would like to attend the following:

-
-
-
-
-

Price: \$ _____

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

Payment Due: \$ _____

[INSS Conferences Home Page](#)

Continue