

**Technology Transition Conference
Commercial Technology For The Warfighter
November 8-9, 2000 – Hilton McLean Tysons Corner**

REGISTRATION FORM

Name: (required) _____

Please complete unless you have already filled out the web-based form, then only payment info.

Title: _____

Organization: _____

Mail Address: _____

Please indicate the name you would like to be used in your badge if other than the above.

Telephone #: _____ Fax #: _____

E-mail: _____

Any Special Needs: _____

Please indicate if you will be attending the November 8th reception :

Yes: _____ No: _____

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Registration Fee: \$150.00

Payment can be made by check or credit card: (Visa or MasterCard only)

___ Check enclosed Check # _____ Amount \$ _____

___ Visa ___ MasterCard Exp. Date _____ Card # _____

Name as it appears on card (please print) _____

Authorized Signature _____

**Please return completed form, with your charge payment, by fax: 202-371-8573 or
mail it with your check to:**

Ms. Salomé A. Creighton, Events Manager
National Center for Advanced Technologies (NCAT)
1250 Eye Street, NW, Suite 801
Washington, D.C. 20005 - Phone: (202) 371-8458

