

# ATTENDANCE FORM FOR LIMITED DISTRIBUTION C/D SESSIONS

8) th Shock and Vibration Symposium  
CVI & V&V, 201( | Fyrb, JA

This form should be sent to HI-TEST Security (Attn: >Ybbn8i m)  
Fax: 434-581-3305 or Email: Ybbn8i m@hitestlabs.com

To verify receipt, call >Ybbn8i mat 434-581-3204.

## PART 1: TYPE OF CONFERENCE ATTENDEE (SELECT ONE)

- ☐ U.S. Government (Civilian)      ☐ U.S. Government Contractor (Civilian)  
☐ U.S. Government (Military)      ☐ Other (specify): \_\_\_\_\_

## PART 2: ATTENDEE INFORMATION

Last Name, First Name Middle Initial	Social Security Number	Company or Organization Name		
Title (or Rank and Branch)      Company or Organization Address (Street, City, State, Zip)				
Date of Birth (mm/dd/yyyy)	Place of Birth (City, State, Country)	Citizenship	Office Phone	Alt. Phone

## PART 3: CONTRACTOR CERTIFICATION BY U.S. GOVERNMENT OFFICIAL (FOR CONTRACTORS ONLY)

*By signing below, I certify that the attendee in Part 2 of this form is a Government Contractor and is eligible to attend the limited distribution C and/or D sessions (as appropriate and per Distribution Statement guidelines) in accordance with DoDM 5200.01 - V4 (as applicable).*

Printed Name of Certifying Official (Last Name, First Name Middle Initial)	Phone Number	Contract Number
Organization	Title	
Signature	Date Signed	

## PART 4: CLEARANCE CERTIFICATION BY SECURITY MGR./FACILITY SECURITY OFFICER (REQ'D FOR CLASSIFIED SESSIONS)

Clearance Level	Date Clearance Granted	Investigation Type	Date of Investigation
Granted By			
Security Officer Information			
Printed Name of Security Officer (Last Name, First Name Middle Initial)	Title		
Organization	Phone	Signature of Security Officer	Date