

# ATTENDANCE FORM FOR LIMITED DISTRIBUTION C/D SESSIONS

88th Shock and Vibration Symposium  
October 16-20, 2017 | Jacksonville, FL

This form should be sent to HI-TEST Security (Attn: Ray Morris)  
Fax: 434-581-3305 or Email: ray.morris@hitestlabs.com

To verify receipt, call Ray Morris at 434-581-3204, ext 124.

## 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			
<i>Security Officer Information</i>			
Printed Name of Security Officer (Last Name, First Name Middle Initial)		Title	
Organization	Phone	Signature of Security Officer	Date