

ATTENDANCE FORM FOR
LIMITED DISTRIBUTION C/D SESSIONS

95TH SHOCK AND VIBRATION SYMPOSIUM
SEPTEMBER 21 - 25, 2025 | NEW ORLEANS, LA

THIS FORM MUST BE SUBMITTED AND RECEIVED PRIOR TO ATTENDANCE AT THE SYMPOSIUM.

THIS FORM SHOULD BE SENT TO HI-TEST SECURITY (ATTENTION: WILL COBB)
Fax: 434-581-3305 OR EMAIL: WILL.COBB@HITESTLABS.COM
TO VERIFY RECEIPT, CALL WILL COBB AT 434.581.3204, EXTENSION 163.

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	M.I.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH (CITY, STATE, COUNTRY)
COMPANY/ORGANIZATION NAME	COMPANY ADDRESS (STREET, CITY, STATE, ZIP)	
TITLE (OR RANK OR BRANCH)	CITIZENSHIP	OFFICE PHONE

EMAIL ADDRESS

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

IF YOU ARE NOT A GOVERNMENT EMPLOYEE, PART 3 MUST BE COMPLETED AND SIGNED BY A GOVERNMENT EMPLOYEE.
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/PER DISTRIBUTION STATEMENT GUIDELINES) IN ACCORDANCE WITH DoDM 5200.01 – V4.

PRINTED NAME OF CERTIFYING OFFICIAL (LAST NAME, FIRST NAME, M.I.)	PHONE NUMBER	EMAIL ADDRESS
ORGANIZATION	TITLE	CONTRACT NUMBER

SIGNATURE

DATE SIGNED

FOR QUESTIONS OR CLARIFICATION REGARDING LIMITED DISTRIBUTION C AND/OR D, THE SECURITY MEASURES TAKEN ON-SITE, CHECK-IN PROCEDURES/REQUIREMENTS, OR SPECIFIC INSTRUCTIONS REGARDING THIS FORM, PLEASE CONTACT MR. WILL COBB AT 434.581.3204 EXT. 163 OR DREW PERKINS AT 434.581.3041.
PLEASE NOTE THAT THE PRESENTER OF THE TOPIC HAS FINAL DECISION ON WHO IS ALLOWED TO ATTEND A PRESENTATION.

PRIVACY ACT STATEMENT AUTHORITY: DoDM 5200.01
PRINCIPAL PURPOSE: TO IDENTIFY PERSONS SEEKING APPROVAL TO ATTEND RESTRICTED AND/OR CLASSIFIED MEETINGS DURING SYMPOSIUM LISTED ABOVE.
ROUTINE USES: INFORMATION CONTAINED HEREIN IS USED FOR REVIEWING THE REQUEST TO ATTEND THE RESTRICTED AND/OR CLASSIFIED BRIEFINGS DURING THE SYMPOSIUM.
ALSO USED TO CERTIFY THE INDIVIDUAL ATTENDEE’S SECURITY CLEARANCE AND ACCESS AUTHORIZATION.
DISCLOSURE IS VOLUNTARY: FAILURE TO PROVIDE THE INFORMATION WILL RESULT IN DISAPPROVAL OF THE REQUEST TO ATTEND LIMITED AND/OR CLASSIFIED SESSIONS.