



REGISTRATION FORM
1999 COMMAND AND CONTROL RESEARCH AND TECHNOLOGY SYMPOSIUM
NAVAL WAR COLLEGE NEWPORT, RHODE ISLAND
JUNE 29 - JULY 1, 1999

Last Name	
First Name	
Middle Initial	
Rank, Dr., Mr., Miss, Mrs., Ms.	
Company/Organization	
Mailing Address	
Street	
City	
State	
Country	
Postal / Zip Code	
Phone	
E-Mail Address	
Fax Number	
Print name as it should appear on name tag	
Payment Information	
Credit Card Type (✓)	<div style="display: flex; justify-content: space-around; align-items: center;"> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> </div>
Credit Card Number	<div style="display: flex; justify-content: space-between;"> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> <div><div style="width: 15px; height: 15px; border: 1px solid black;"></div></div> </div>
Expiration Date (MMYY)	
Amount of Payment	\$
Name as it appears on Card	
Cardholder's Zip Code	
Do you require a vegetarian meal?	<div style="display: flex; justify-content: space-around; align-items: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>

Please fax completed form to 1999 CCRTS, c/o EBR, Inc. at (703) 821-7742

DEADLINE FOR REGISTRATION IS JUNE 1, 1999