

Symposium on Cryptologic History

19-20 October 2017

Johns Hopkins University Applied Physics Laboratory, Kossiakoff Center
11100 Johns Hopkins Road, Laurel, MD 20723-6099

Registration Cost: Fee includes daily lunch, plus morning and afternoon refreshments.

- Standard Rate: \$75/day
- Student Rate: \$35/day (with student ID)
- Speakers who are not US Government employees: \$0 on the day you speak; Standard rate for the additional day

Registration Deadline: Friday October 13, 2017; Refunds will not be available after Monday, October 16, 2017

For refunds, you must contact the National Cryptologic Museum Foundation directly on 301-688-5436 or at cryptmf@aol.com

Register Online (Preferred Method): www.cryptologicfoundation.org > Events **OR** <http://bit.ly/OCT2017CCH>

Register by Mail: Mail the registration form below with payment to:

National Cryptologic Museum Foundation (NCMF), P.O. Box 1682, Fort George G. Meade, Maryland 20755

Driving Directions: See www.jhuapl.edu. Shuttle bus service will be available from the lower-level parking lot.

Questions: Registration Questions: Contact NCMF, 301-688-5436

Special accommodations, dietary needs, and other questions: Contact CCH, history@nsa.gov or 301-688-2336



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19 – 20 October 2017 - REGISTRATION FORM

*Please use one form per attendee.

PLEASE MAIL THIS FORM TO:

National Cryptologic Museum Foundation (NCMF), P.O. Box 1682 Fort George G. Meade, Maryland 20755

Name: _____

Address: _____

Phone: _____ Email: _____

*Select the registration type & dates attending.

Registration Type	Thursday, 19 October	Friday, 20 October
Standard Rate (\$75/day)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Student Rate – with student ID (\$35/day)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
Speaker (not employed by US Government) – free only on day you speak	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

Checks preferred. Make payable to NCMF.

Total Payment: \$ _____

NCMF also accepts ☐ Master Card, ☐ Visa, and ☐ American Express (check appropriate box):

Credit Card Number: _____ Exp. Date: _____ V-Code: _____
(MM/YYYY) (3 digits; AMEX – 4 digits)

Authorized Signature: _____