ATTENDANCE CERTIFICATION FORM

For U.S. DoD, DoD Industry, and DOE Only Limited Sessions

NDIA 2024 FUTURE FORCE CAPABILITIES CONFERENCE & Exhibition

Armaments/Fuze/Integrated Precision Warfare/Munitions/Robotics

SEPTEMBER 24 - 27, 2024 | VIRGINIA BEACH CONVENTION CENTER | VIRGINIA BEACH, VA

TO ATTEND DISTRIBUTION D SESSIONS YOUR ORAGANIZATION MUST HAVE A DD FORM 2345 ON FILE. PLEASE VISIT THE <u>DEFENSE LOGISTICS AGENCY WEBPAGE</u> FOR MORE INFORMATION.

SEND FORM TO: CHRISTINA HALLAK-PYBURN: CHRISTINA.L.HALLAK-PYBURN. CIV @ ARMY. MIL, (520) 672 - 5215

NOTICE: Some concurrent sessions of this Conference are restricted to DoD, U.S. DoD Contractors, and DOE Only who are citizens of the U.S. Provisions of applicable DoD policies do not permit waiving the DoD and U.S. Citizenship requirements for attending these sessions.

Certification for Attendance is to be accomplished by attendee's U.S. Government agency, DoD, DOE official or corporate security office. CERTIFICATION WILL NOT BE ACCEPTED AT THE DOOR. EMAIL THE COMPLETED FORM BY 11 SEPT 2024.

With regard to the meeting ident	tified above, the following information is provided for U.S. Governmen	nt and industry personnel.
Last Name	First Name	MI
Title (Retired Military, use rank and se	rvice)	
Company/Organization Represented		
Company/Organization Mailing Addre.	ss and Cage Code	
DoD and DoE Contractors: Provide y	our Company/Organization valid DD Form 2345 Certification # and	Expiration Date
Date of Birth	Place of Birth	
Citizenship	Area Code + Office Telephone Number	
Signature of Attendee		

Section II, U.S. Citizenship Certification

(To Be Completed by Security Office or other official capable of verifying above Citizenship)

(For U.S. Government/U.S. Military/DOE/U.S. Industry) I hereby certify that the individual named above has established a proof of U.S. Citizenship, either as part of his or her facility security clearance or other official means such as valid Passport, Birth Certificate, etc. and has the "need to know" for Fuze information.

Organization		Date		
Signature	Title/Position		U.S. Government Organization	Phone Number