

# REGISTRATION FORM

## Office of Naval Research - EMC<sup>2</sup> LowRIDR Industry Day

May 10, 2016 (7:15 am Badge Office Check-in / 8:00 am Meeting Start)

SPAWAR Systems Center Pacific - San Diego, CA

**Please fill out this form and e-mail it to the following individuals (RSVP by 4/27/16):**

Mr. Marcus Maurer, marcus.maurer@navy.mil

Dr. Diana Arceo, diana.arceo@navy.mil

Ms. Shauna Koppel, shauna.koppel.ctr@navy.mil

### COMPANY NAME

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### ATTENDEES (additional space on page 2):

#### 1.) Full Name

Last, First, MI

1.) e-mail address

1.) phone number

1.) Classified VR Sent?      YES      NO

1.) Permission to provide  
contact info to other  
attendees?      YES      NO

#### 2.) Full Name

Last, First, MI

2.) e-mail address

2.) phone number

2.) Classified VR Sent?      YES      NO

2.) Permission to provide  
contact info to other  
attendees?      YES      NO

#### 3.) Full Name

Last, First, MI

3.) e-mail address

3.) phone number

3.) Classified VR Sent?      YES      NO

3.) Permission to provide  
contact info to other  
attendees?      YES      NO

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Is your company interested in presenting a non-proprietary briefing to the attendees?

YES      NO

If yes, a briefing must be provided to the individuals listed above by 4/27/16.

(\*\*The Government will review these briefings for applicability and reserves the right to decide how much time, if any, each company will be given to present.)

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**\*\*Additional meeting logistics (directions/parking/agenda/etc.) will be provided  
after your registration has been confirmed.\*\***

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**ATTENDEES (continued):**

*Government reserves the right to limit the number of attendees per company if necessary due to space restrictions.*

**4.) Full Name**

**Last, First, MI**

4.) e-mail address

4.) phone number

4.) Classified VR Sent?      YES      NO

4.) Permission to provide  
contact info to other  
attendees?      YES      NO

**5.) Full Name**

**Last, First, MI**

5.) e-mail address

5.) phone number

5.) Classified VR Sent?      YES      NO

5.) Permission to provide  
contact info to other  
attendees?      YES      NO

**6.) Full Name**

**Last, First, MI**

6.) e-mail address

6.) phone number

6.) Classified VR Sent?      YES      NO

6.) Permission to provide  
contact info to other  
attendees?      YES      NO

**7.) Full Name**

**Last, First, MI**

7.) e-mail address

7.) phone number

7.) Classified VR Sent?      YES      NO

7.) Permission to provide  
contact info to other  
attendees?      YES      NO

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