



Sheraton National Hotel, Arlington, Virginia – May 19-22, 2005

Attendee Secondary Registration Form

First Name: _____

Last Name: _____

Address: _____

Address 2: _____
City State Zip Country

Phone: _____ Fax: _____ Email: _____

Meal	Speaker	Price	#
Thursday Lunch Dress - Business Attire Preferred	Rear Admiral Craig E. Steidle, USN (Ret.) Associate Administrator for Exploration Systems National Aeronautics and Space Administration	\$35	<input type="checkbox"/>
Thursday Dinner Dress - Business Attire Preferred	John Karas Vice President, Space Exploration, Lockheed Martin <i>Bonus: Reception at Lockheed Space Vision Center following dinner</i>	\$47	<input type="checkbox"/>
Friday Lunch Dress - Business Attire Preferred	Elon Musk Chairman and Chief Executive Officer Space Exploration Technologies Corporation (SpaceX)	\$31	<input type="checkbox"/>
Friday Dinner Dress - Business Attire Preferred	Dr. Robert Mitchell Cassini Program Manager Jet Propulsion Laboratory National Aeronautics and Space Administration	\$49	<input type="checkbox"/>
Saturday Lunch Dress - Business Attire Preferred	Speaker TBA Space Visions of the Future	\$30	<input type="checkbox"/>
VIP Reception <i>Saturday before the Gala</i> Dress - Black Tie Preferred	Held at Udvar-Hazy NASM Annex Honorary Host - Hugh Downs	\$150	<input type="checkbox"/>
Saturday Dinner <i>30th Anniversary Gala</i> Dress - Black Tie Preferred	Held at Udvar-Hazy NASM Annex Honorary Host - Hugh Downs <i>(One ticket included in each Full Registration; use this only to purchase extra tickets)</i>	\$175	<input type="checkbox"/>
Sunday Lunch Dress - Business Attire Preferred	Peter Diamandis Chairman and Founder, X PRIZE Foundation Founder and CEO, Zero Gravity Corporation	\$35	<input type="checkbox"/>

Donation: Voluntary contribution to help fund NSS's 2005 awards program \$ _____

Voluntary contribution to help fund NSS's space advocacy programs \$ _____

Payment – Total Fee Due: \$ _____

Check - Check Number _____ (checks made payable to NSS-ISDC 2005)

Credit Card - Visa _____ **Mastercard** _____ **American Express** _____

Name on Card _____

Card # _____ **Expiration Date** _____

Signature: _____

Cancellation Policy:

All cancellations must be received in writing.
 Cancellations received in writing by **May 12, 2005**
 will receive a full refund less a \$25 processing fee.
 Cancellations received after **May 12, 2005** are nonrefundable.

Return before May 15 to:
 NSS-ISDC 2005
 1620 I Street, NW, #615
 Washington, DC 20006
 Or fax to: 202-463-8497