

# ATTENDANCE FORM FOR LIMITED DISTRIBUTION C/D SESSIONS

96<sup>TH</sup> SHOCK AND VIBRATION SYMPOSIUM  
SEPTEMBER 20 - 24, 2026 | ORLANDO, FL

THIS FORM MUST BE SUBMITTED AND RECEIVED PRIOR TO ATTENDANCE AT THE SYMPOSIUM.

THIS FORM SHOULD BE SENT TO HI-TEST SECURITY (ATTENTION: WILL COBB)

FAX: 434-581-3305 OR EMAIL: [WILL.COBB@HITESTLABS.COM](mailto:WILL.COBB@HITESTLABS.COM)

TO VERIFY RECEIPT, CALL WILL COBB AT 434.581.3204, EXTENSION 163.

## PART 1: TYPE OF CONFERENCE ATTENDEE (SELECT ONE)

- U.S. GOVERNMENT (CIVILIAN)                       U.S. GOVERNMENT CONTRACTOR (CIVILIAN)  
 U.S. GOVERNMENT (MILITARY)                       OTHER (SPECIFY): \_\_\_\_\_

## PART 2: ATTENDEE INFORMATION

LAST NAME	FIRST NAME	M.I.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH (CITY, STATE, COUNTRY)
COMPANY/ORGANIZATION NAME	COMPANY ADDRESS (STREET, CITY, STATE, ZIP)	
TITLE (OR RANK OR BRANCH)	CITIZENSHIP	OFFICE PHONE

EMAIL ADDRESS \_\_\_\_\_

## PART 3: CONTRACTOR CERTIFICATION BY U.S. GOVERNMENT OFFICIAL (FOR CONTRACTORS ONLY)

**IF YOU ARE NOT A GOVERNMENT EMPLOYEE, PART 3 MUST BE COMPLETED AND SIGNED BY A GOVERNMENT EMPLOYEE.**

BY SIGNING BELOW, I CERTIFY THAT THE ATTENDEE IN PART 2 OF THIS FORM IS A GOVERNMENT CONTRACTOR AND IS ELIGIBLE TO ATTEND THE LIMITED DISTRIBUTION C AND/OR D SESSIONS (AS APPROPRIATE/PER DISTRIBUTION STATEMENT GUIDELINES) IN ACCORDANCE WITH DoDM 5200.01 – V4.

PRINTED NAME OF CERTIFYING OFFICIAL (LAST NAME, FIRST NAME, M.I.)	PHONE NUMBER	EMAIL ADDRESS
ORGANIZATION	TITLE	CONTRACT NUMBER

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

FOR QUESTIONS OR CLARIFICATION REGARDING LIMITED DISTRIBUTION C AND/OR D, THE SECURITY MEASURES TAKEN ON-SITE, CHECK-IN PROCEDURES/REQUIREMENTS, OR SPECIFIC INSTRUCTIONS REGARDING THIS FORM, PLEASE CONTACT MR. WILL COBB AT 434.581.3204 EXT. 163 OR DREW PERKINS AT 434.581.3041.

**PLEASE NOTE THAT THE PRESENTER OF THE TOPIC HAS FINAL DECISION ON WHO IS ALLOWED TO ATTEND A PRESENTATION.**

### PRIVACY ACT STATEMENT AUTHORITY: DoDM 5200.01

PRINCIPAL PURPOSE: TO IDENTIFY PERSONS SEEKING APPROVAL TO ATTEND RESTRICTED AND/OR CLASSIFIED MEETINGS DURING SYMPOSIUM LISTED ABOVE.  
ROUTINE USES: INFORMATION CONTAINED HEREIN IS USED FOR REVIEWING THE REQUEST TO ATTEND THE RESTRICTED AND/OR CLASSIFIED BRIEFINGS DURING THE SYMPOSIUM.  
ALSO USED TO CERTIFY THE INDIVIDUAL ATTENDEE'S SECURITY CLEARANCE AND ACCESS AUTHORIZATION.  
DISCLOSURE IS VOLUNTARY: FAILURE TO PROVIDE THE INFORMATION WILL RESULT IN DISAPPROVAL OF THE REQUEST TO ATTEND LIMITED AND/OR CLASSIFIED SESSIONS.