Please complete this template and print it on company letterhead.
Fax signed form to 505-998-4917 or email to heather@deps.org

Full Name of Attendee:	
Job Title/Position:	
Company Name:	
Company Address:	
Last 4 of Attendee SSN:	___ ___ ___ ___
Date of Birth of Attendee:	
Place of Birth of Attendee:	
Citizenship of Attendee:	
Distribution Level of Need to Know of Attendee:	None
Contract Number:	
CAGE Code:	
DEPS POC:	Heather Chacon, heather@deps.org Tel: 505-998-4910
Purpose of Visit:	DEPS S&T Symposium
Date of visit:	30 March - 2 April 2026
Security Manager Name:	
Security Manager Email:	
Security Manager Phone:	
The attendee listed above works on the stated Government contract(s) that gives them valid "need to know" of information at the level choosen above. My signature below verifies I am legally authorized to verify the information within.	
Security Manager Signature:	
Date:	