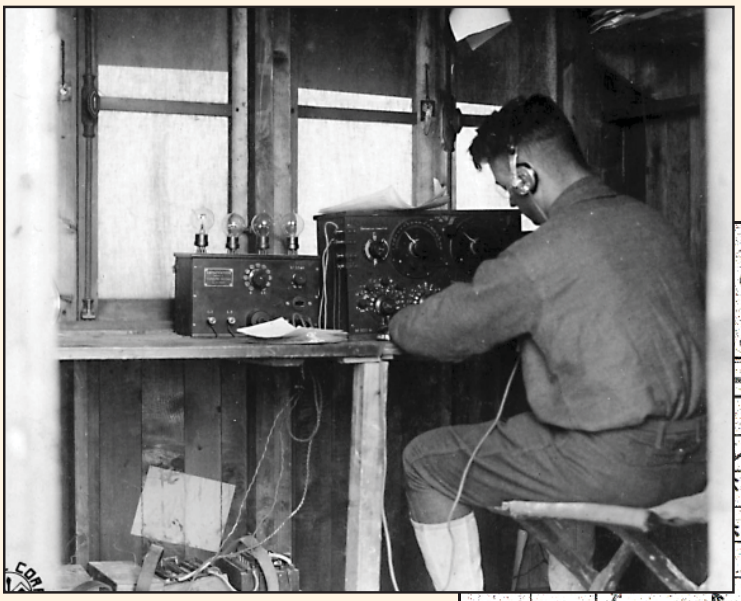
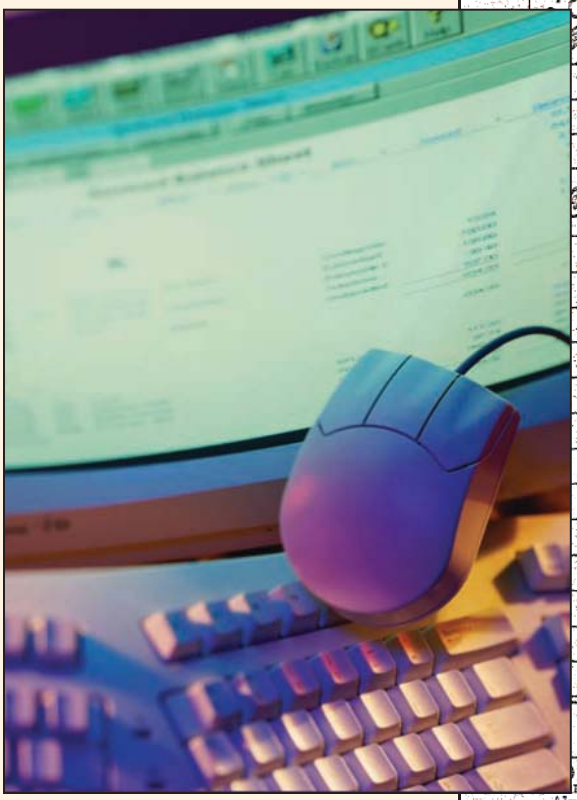
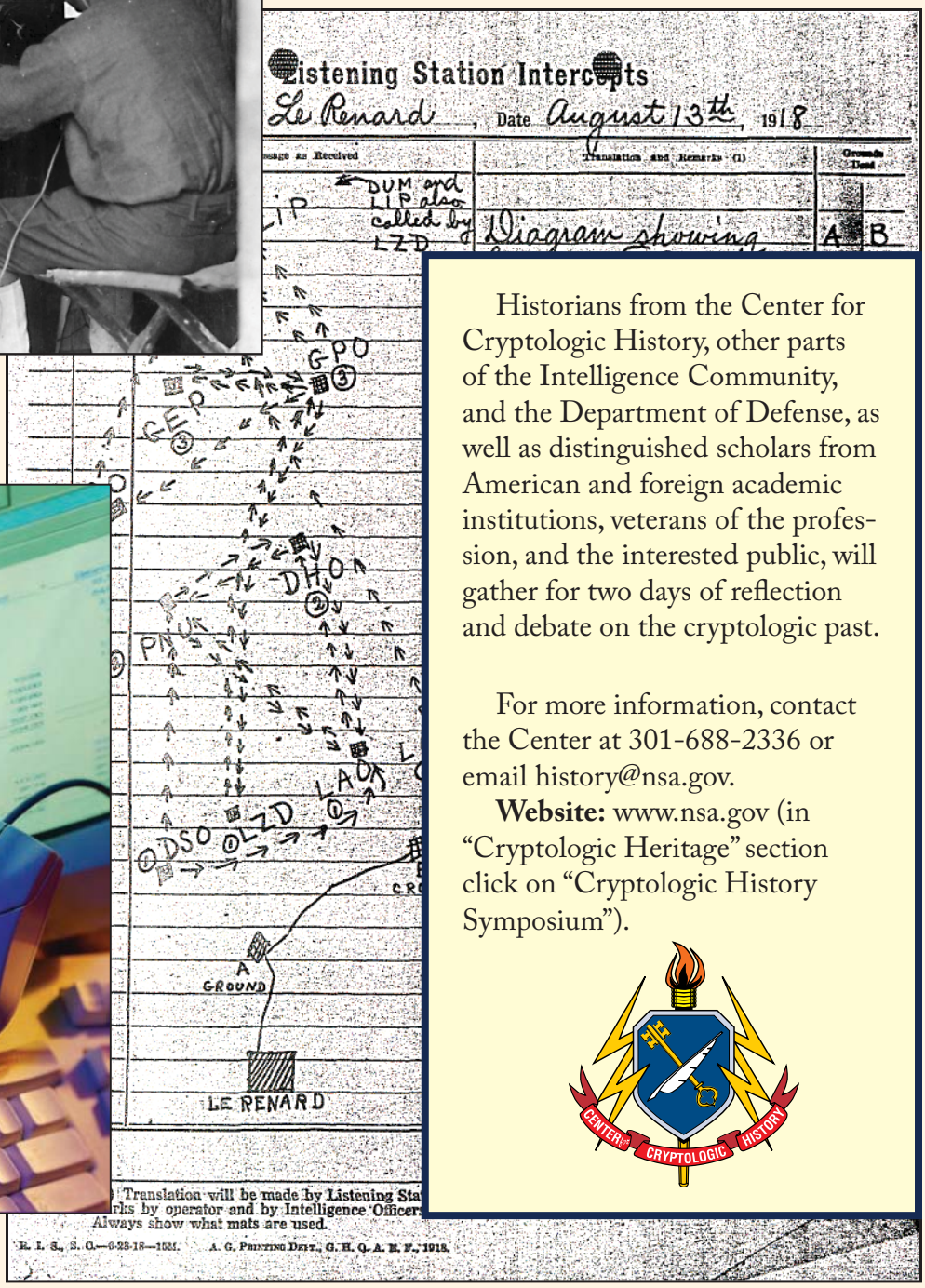
2015 Cryptologic History Symposium
"A Century of Cryptology"

22-23 October

Johns Hopkins University
Applied Physics Lab
Kossiakoff Center
Laurel, Maryland







Historians from the Center for Cryptologic History, other parts of the Intelligence Community, and the Department of Defense, as well as distinguished scholars from American and foreign academic institutions, veterans of the profession, and the interested public, will gather for two days of reflection and debate on the cryptologic past.

For more information, contact the Center at 301-688-2336 or email history@nsa.gov.

Website: www.nsa.gov (in "Cryptologic Heritage" section click on "Cryptologic History Symposium").

CENTER FOR CRYPTOLOGIC HISTORY

2015 Cryptologic History Symposium • October 22 and 23

Johns Hopkins University Applied Physics Laboratory, Kossiakoff Center
11100 Johns Hopkins Road, Laurel, Maryland 20723-6099
Driving directions to the Applied Physics Laboratory:
www.jhuapl.edu/aboutapl/visitor/directions.asp

Registration per person: $70/day • Full-time student rate: $35/day (bring student ID to Symposium)

Fee includes daily lunch, plus morning and afternoon refreshments.
Shuttle bus service will be available from the lower level parking lot.

Register on-line at www.cryptologicfoundation.org
(Under "Upcoming Events" click on "2015 CCH Cryptologic History Symposium")
or
Mail the registration form below with payment to:
National Cryptologic Museum Foundation (NCMF)
POB 1682, Fort George G. Meade, MD 20755

For registration assistance call (301) 688-5436. For symposium information call (301) 688-2336.

We need to receive your mailed or online registration by 19 October.
Unfortunately, we will not be able to make any refunds after 19 October.

✂ - **REGISTRATION FORM** -

Please select dates attending.

Thursday, 22 October ___ ($70) Friday, 23 October ____ ($70)

Student Rate: Thursday, 22 October ___ ($35) Friday, 23 October ___ ($35)

Name(s): _____

Address: _____

Contact information (optional): Phone or E-mail _____

U.S. citizenship: Yes_____ No_____ Country (if non-U.S. citizen) _____

Total amount enclosed: _____ **(Checks preferred: Make checks payable to NCMF)**

NCMF also accepts ❑Master Card, ❑Visa, and ❑American Express (check appropriate box):

Credit card number: _____ **Expiration date:** _____ **(mm/dd/yy)**

V-code: _____ **(last 3 numbers in signature block, AMEX - 4 digits on front)**

Authorized signature_____

For **special accommodations** or dietary needs, please email history@nsa.gov.