



**Joint Navigation Conference  
Application for JNC Registration Grant**

The purpose of the JNC Registration Grant Program is for the Military Division of the Institute of Navigation (ION) to provide complimentary registrations for local area first responders and local uniformed military personnel (including students of military academies) that would typically not attend the JNC due to financial constraints. The grant includes access to technical sessions, the commercial exhibit hall, and conference meals.

**Qualifying Criteria:** Please check the box next to each criterion to indicate that you qualify under that item:

I am a first-time attendee who lives and works within 50 miles of the conference venue.

I fall under one of the following categories (check box to indicate which category):

Military Attendees: Uniformed active duty, E-4 to O-4, no civil service or government contractors. List service and rank: \_\_\_\_\_

Military Academy Student: List school: \_\_\_\_\_

First Responders: Uniformed "boots on the ground" municipal/state employees only. Please include employer's name, your title, and description of your duties: \_\_\_\_\_

I am able to meet the attendance requirements as outlined at [www.ion.org/jnc/clearance.cfm](http://www.ion.org/jnc/clearance.cfm)

I have a current clearance in DISS

I am attaching a completed Visit Request Form.

**Conditions of Application**

1. The applicant must meet ALL THREE of the above Qualifying Criteria. ALL THREE BOXES MUST BE CHECKED.
2. Send this completed form to the ION National Office, at [registration@ion.org](mailto:registration@ion.org), no later than April 30
3. By signing this application, the applicant agrees to the photography and indemnification policies published at [www.ion.org/jnc/registration-terms.cfm](http://www.ion.org/jnc/registration-terms.cfm)

**Attendee Information**

Full Name			
Address			
City, State, Zip			
Office Phone		Mobile Phone	
Email			
50-Word Biography			

**Special Requests:**

- I have dietary restrictions:  Vegetarian  Kosher  Halal  Gluten Free  
 I am a speaker  
 I have special needs (attach an explanation)

**Supervisor Information**

Full Name		Title	
Email Address		Phone Number	
Signature			

I understand and agree with the conditions of this application and I would like to apply for a JNC Registration Grant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return completed form to [registration@ion.org](mailto:registration@ion.org) no later than April 30**