

## WESTERN CANADA DEFENCE INDUSTRIES ASSOCIATION

### WCDIA INNOVATION FORUM

## ATTENDEE REGISTRATION & SEATING FORM

*Please complete and return prior to the Forum*

### 1. Attendee Contact Information

|                                              |                            |
|----------------------------------------------|----------------------------|
| <b>Full Name:</b>                            | <b>Job Title:</b>          |
|                                              |                            |
| <b>Member Company / Organization:</b>        | <b>WCDIA Membership #:</b> |
|                                              |                            |
| <b>Email Address:</b>                        | <b>Phone Number:</b>       |
|                                              |                            |
| <b>Mailing Address:</b>                      |                            |
|                                              |                            |
| <b>Dietary / Accessibility Requirements:</b> |                            |
|                                              |                            |

### 2. Company Sector Classification

To help us plan the room, please describe your organization by type — not by name.

|                                                                                                                                       |                            |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Primary Industry Sector (e.g., land systems, C4ISR, cyber, maritime, aerospace):</b>                                               | <b>Sub-Sector / Niche:</b> |
|                                                                                                                                       |                            |
| <b>Company Type (e.g., prime contractor, sub-contractor, OEM, systems integrator, consultancy, technology supplier, distributor):</b> |                            |
|                                                                                                                                       |                            |

### 3. Seating Conflict Declaration — No Direct Competitors at the Same Table

WCDIA is committed to a productive, candid environment at the Forum. To avoid seating direct competitors together, please describe below the TYPE(S) of company you consider a direct competitor to your own — by category or business function, not by naming specific companies. This information will be used solely by WCDIA staff for table planning and will be kept confidential.

**Examples:** “other prime contractors bidding on armoured vehicle programs,” “competing cybersecurity software vendors,” “other firms offering UAV maintenance services.”

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**A direct competitor to my organization is best described as a company that is a:**

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**Specific business function(s) or offering(s) where competitive sensitivity applies (e.g., “bidding on the same contracts,” “same client base,” “same technology space”):**

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- ☐ I have no known direct competitors expected to attend this Forum.
- ☐ I would like to speak with WCDIA staff privately about a specific seating concern.

#### **4. Acknowledgement**

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*I understand that WCDIA will use the information above, together with attendee registrations, to assign table seating in a manner intended to avoid placing direct competitors together. WCDIA cannot guarantee the identification of every potential conflict and relies on the accuracy of the information I provide. I also acknowledge that my attendance at the Forum is subject to the WCDIA Innovation Forum Non-Disclosure and Confidentiality Agreement, executed separately.*

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
| <hr/>             | <hr/>        |

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**For WCDIA Use Only**

|                |                 |              |
|----------------|-----------------|--------------|
| Date Received: | Table Assigned: | Reviewed By: |
| <hr/>          | <hr/>           | <hr/>        |