



WGC 2018 SECURITY FORM

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|---|---|--|
| NAME OF ORGANIZATION | | |
| NAME OF PROTECTEE | | |
| NUMBER OF SECURITY PROFESSIONALS WORKING | | |
| NAMES OF SECURITY PROFESSIONALS WORKING | | |
| LEAD SECURITY CONTACT | | |
| NAME OF ORGANIZATION | | |
| NAME OF PROTECTEE | | |
| NUMBER OF SECURITY PROFESSIONALS WORKING | | |
| CONTACT INFORMATION | NAME | |
| | MOBILE PHONE | |
| | EMAIL ADDRESS | |
| ARRIVAL DATE AND TIME | | |
| DEPARTURE DATE AND TIME | | |
| HOTEL WHERE THE TEAM AND PROTECTEE WILL BE STAYING | | |
| VEHICLE REGISTRATION (IF APPLICABLE) | | |
| DOES THE PROTECTEE PLAN TO ATTENDING FUNCTIONS AT: | UNION STATION | |
| | NATIONAL ARCHIVES | |
| | CONVENTION CENTER | |
| | AIR AND SPACE MUSEM | |
| DOES THE SECURITY TEAM PLAN TO BE ARMED OR UNARMED? | IF ARMED DOES THE TEAM HAVE AUTHORIZATION TO BE ARMED IN THE UNITED STATES AND OR WASHINGTON DC | |
| ARE THERE ANY PARTICULAR SECURITY THREATS OR CONCERNS FOR THE PROTECTEE? | | |