



Safety+ 2017
Substitution Registration Form

Ernest N. Morial Convention Center
New Orleans, LA
August 29-September 1, 2017

Please complete the Substitution Registration Form and sign below. No substitution fee will be charged unless there is a difference in the corresponding registration type and fee. After August 1, 2017, substitutions must be made onsite. Badge sharing and partial substitutions are not permitted. ***Indicates required fields.**

*Name of Original Registrant _____

Substitute Attendee Registration Information:

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable

*First Name _____ Middle Initial _____ *Last Name _____

Suffix _____ Designation(s) (i.e. CSP, OHST) _____

Badge Nickname _____

*Job Title _____

*Do you as an individual belong to any recognized bargaining units? Yes No

If you would like them to appear on your badge, please list below:

*Company/Org _____
No acronyms, use proper name

*Address _____

*City _____ *State _____ *Zip _____

*Telephone _____ Fax _____

*Email _____
Only registrants who provide an email address will receive confirmation of their registration.

Additional Email _____
If you would like a receipt to be sent to someone other than the attendee, provide an additional email.

*Emergency Contact Person/Name _____ Emergency Contact Phone _____

*Is the person filling out this form the conference attendee? Yes No

*Signature _____ Date _____

By completing and signing this Substitution Registration Form, I hereby release any photographs/video that may be incidentally taken of me by VPPPA during these events to be used for any purpose.