



REGISTRATION FORM

Instructions: Please complete this form and submit with a proper form of payment. Use one registration form per person. This form may be copied for additional registrations. Registrations will not be processed without payment in full and full name of registrant. Please read Registration Policies & Procedures before completing. **Please write legibly.**

* Indicates required fields.

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

*First Name: _____ M.I. _____ *Last Name: _____ Designation: _____

Badge Nick Name: _____ *Title: _____

*Company/ Org (no acronyms, use proper name): _____

*Business Address/P.O. Box: _____ *City: _____ *State: _____ *Zip: _____

*Telephone: _____ Fax: _____

Union Affiliation: _____

*E-mail: _____ Additional E-mail: _____

(Only those registrants who provide an e-mail address will receive confirmation of their registration.)

(If you would like to request a receipt to be sent to someone other than the attendee, please provide an additional e-mail address above.)

Check appropriate Registration Type/Fee Category:

<p>Regular Registration (By 11/5/2010)</p> <p>Entire Conference: December 6 - 8, 2010 <input type="checkbox"/> \$275</p>	<p>Late/Onsite Registration (After 11/5/2010)</p> <p>Entire Conference: December 6-8, 2010 <input type="checkbox"/> \$350</p>	<p>Speaker Registration</p> <p>Entire Conference: December 6 - 8, 2010 <input type="checkbox"/> \$150 One-Day Speaker: <input type="checkbox"/> \$75 <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday</p>	<p>Student Registration</p> <p><i>Must submit a copy of a valid student ID from an accredited institution with registration form.</i> Conference: December 6 - 8, 2010 <input type="checkbox"/> \$75</p>
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Registration fee grants access to all conference activities such as workshops, networking functions and any meals provided.

Method of Payment: Registrations without a method of payment will not be processed.

\$ _____ Total payment **Tax ID: #54-1598954**

American Express MasterCard Visa Check #: _____ (Payable to **VPPPA**)

Card #: _____ Expiration Date: _____

Card holder's name: _____

Please sign and date on the line below.

Signature: _____ Date: _____

For **Credit Cards** (24 hours a day), fax this form to (703) 761-1148 or (703) 761-2194.

For **Checks** (Payable to VPPPA, Inc.), mail your registration with payment to:

Regular mail:
VPPPA, Inc.
PO Box 631761
Baltimore, MD 21263-1761

Express mail:
VPPPA, Inc.
7600-E Leesburg Pike, Suite 100
Falls Church, VA 22043-2004

By submitting this registration form, registrants understand that photographs may be incidentally taken of them and can be used for any purpose. The registrant also acknowledges that they have read and understand the Policies & Procedures. Additionally, registrants agree and acknowledge that they are undertaking participation in events and activities at their own free and intentional acts, and are fully aware that possible physical injury might occur as a result of participation at these events. Registrants give this acknowledgement freely and hereby assume responsibility for their own well-being. The VPPPA does not sell its membership lists. Registrants will receive communications primarily via e-mail.

Registration and Conference Questions:

Contact Carla Esteva at (703) 761-1146 Ext. 307 or e-mail: Preguntas@vpppa.org. Se habla Español.



Registration Policies & Procedures

How to Register: The Pre-registration deadline is November 5, 2010. Registration forms and payments must be received by this date to pre-register. After November 5, 2010, attendees are invited to register onsite. Only register one person per form. Registrations will not be processed without a completed registration form and full payment. Registration forms in pdf format are available on the VPPPA website at www.vpppa.org/puertorico/register.cfm.

Confirmation Policy: Registrations will be processed and confirmations e-mailed within seven (7) business days of receipt. Confirmations will only be provided if registrants provide an e-mail address.

Substitution Policy: Substitutions must be received in writing along with the registration form for substitute attendees. No substitution fee will be charged. After November 5, 2010, substitutions must be made onsite. Badge sharing and partial substitutions are not permitted.

Cancellation Policy: Cancellations must be received in writing by November 5, 2010, and a \$50 processing fee will be charged per registrant. Requests received after this date will be denied.

No-Shows: Refunds are not granted for no-shows.

Electronic Recording Policy: No audio or video recording is permitted.

Badges: Badges must be worn at all official conference functions. Badge sharing and partial substitutions are not permitted.

Conference Interruption: If for any reason the Conference Planning Committee cancels the 13th Annual Safety & Health Conference or change dates or location, no refund will be made and the VPPPA shall not be financially liable or otherwise obligated.

Registration Rate Deadline: In order to receive a discounted registration rate, registration forms submitted via mail must be received with proper payment by the deadline dates indicated. Registrations submitted via fax must be date/time stamped by 5:00 pm (Eastern Time) of the deadline date indicated. Registration forms submitted without proper payment will not be processed and will not receive the discounted registration rate.

Speaker Registration Type: Workshop speakers identified by the Conference Planning Committee are eligible for the reduced Speaker rate. The Speaker registration type grants access to all conference activities such as workshops, networking functions and any meals provided.

One-Day Speaker Registration Type: The One-Day Speaker registration type is intended for workshop speakers identified by the Conference Planning Committee and are attending ONLY on the day of their presentation. It is not possible to register as a One-Day Speaker if those eligible for the Speaker rate are scheduled to present on separate days of the conference. The One-Day Speaker registration type grants access to the same activities as the Speaker type, but only on the day of the scheduled presentation.

Special Assistance: Should you require special arrangements due to diet restrictions or disability, please contact: Carla Esteva at (703) 761-1146 Ext. 307 or e-mail Preguntas@vpppa.org.

Hotel Reservations: In order to receive a reduced rate for the 13th Annual Safety & Health Conference, please contact the Conrad San Juan Condado Plaza (888) 722-1278 to make your reservations. Be sure to request the Voluntary Protection Programs Participants' Association, Inc. (VPPPA) block to receive the special group rate of \$145/night (plus resort fees and local taxes). Make your hotel reservations by November 12, 2010, to ensure the VPPPA group rate.

Location of Event: Conrad San Juan Condado Plaza
999 Ashford
San Juan, Puerto Rico 00907
Reservations: (888) 722-1278

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