Please complete the Substitution Registration Form and sign below. No substitution fee will be charged unless substitution occurs onsite. After July 10, 2020 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.

*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.