Please complete the Substitution Registration Form and sign below. No substitution fee will be charged unless substitution occurs onsite. After April 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 _______________________________________________________

*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.