

Region 1 VPPPA Registration Policies & Procedures

How to Register

Please use the correct address for your site/plant/corporation/ facility/office.

Do not use your home address.

Registration Policies & Procedures and Link can be found at:

www.vpppa.org/education/calendar/event-details?eventID=5439

Fax: Payment Information can be faxed to (703) 761-1148.

Mail: Mail registration form with payment to:
VPPPA, Inc.
7600-E Leesburg Pike
Suite 100
Falls Church, VA 22043-2004

All payments must include registration form(s).

Registration Policy

The registration deadline is April 28, 2019. Registration will be accepted on-site after this date. Forms must include name, contact and payment for processing.

Group Discount: Five (5) or more registrants from the same site may receive a 10% discount. Each registrant must complete a separate registration form and all forms *must be submitted together* via mail or fax. Online registration is not available for the group discount.

Cancellation Policy: Cancellations must be received in writing by April 20, 2019 and a \$50.00 processing fee will be charged per registrant. Requests received after this date will be denied. Cancellations may be processed post-conference within 30 business days.

Substitution Policy: Substitutions are accepted at no cost before May 4, 2019. Substitutions made after May 4, 2019 will be charged a \$25.00 substitution fee.

Confirmation Policy: Confirmations will be emailed within seven (7) business days.

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

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

Conference Questions/Special Assistance:
Contact Region 1 Chairperson Karen Girardin at (207) 552-4909 or kgirardin@llbean.com

Registration Questions:
Contact VPPPA at (703) 761- 1146 or Registration@vpppa.org



Registration Types:

Conference Registration: The conference registration rate category is based on member or nonmember status with VPPPA. Current VPPPA members receive discount rates. The conference registration includes full participation in the conference: general sessions; breakout sessions; registration and conference materials; and meal functions.

Member/Nonmember (Conference Only): Full conference registration (excluding pre-conference workshops).

Speaker: Confirmed speakers receive reduced rate for full conference registration (excluding pre-conference workshops).

OSHA/DOE: Federal employees at the U.S. Department of Labor and the U.S. Department of Energy, as well as state employees of like agencies.

Pre-conference Workshop: Workshops held prior to the conference (for an additional fee).

Indemnification: Conference attendees and guests, to the extent permitted by law, agree to indemnify VPPPA and its officers, directors, agents, and employees, of and from all claims, demands, or suits for personal injury or property damage, including costs and attorney fees, in any way arising out of or related to third party claims based on indemnifying party's negligent acts or omissions in connection with the Region 1 VPPPA Safety & Health Excellence Conference & Expo.

Event Location:

Holiday Inn by the Bay

88 Spring Street
Portland, ME 04101

Website: <http://www.innbythebay.com/>

Hotel Room Rate: \$160.00 plus taxes for single/double occupancy standard room; \$170 plus taxes standard king; \$180 plus taxes for executive room.

Government per diem rate is \$110 plus taxes.

Discount Code: VPPPA or Region 1

Direct Reservations #: 207-775-2311

Toll Free Reservations #: 1-800-345-5050

Room Reservation Site:

<https://www.holidayinn.com/redirect?path=hd&brandCode=HI&localeCode=en®ionCode=1&hotelCode=pwmdt&PMID=99801505&GPC=vpp&iewfullsite=true>

Room Reservation deadline for Group Rate:

April 18, 2019



**2019 Region 1 Safety & Health Excellence
Conference & Expo**
May 20 – 22, 2019
Holiday Inn by the Bay
88 Spring Street
Portland, ME 04101



Please complete the registration form including signature and payment information. Use one registration form per person. This form may be copied for additional registrations. Registrations will not be processed without full payment and registrant's full name. See Registration Policies & Procedures for more information. VPPPA Tax ID# 54-1598954. **Please write legibly.**

This area for VPPPA Office Use:

Check the appropriate Fee Category. Please refer to Registration Policies & Procedures on previous page for registration type definitions.

Conference Registration Types	Early By 3/21/19	Regular By 4/18/19	Late/Onsite After 4/18/19
	Member/Nonmember	Member/Nonmember	Member/Nonmember
<input type="radio"/> Conference Registration	\$350.00 / \$450.00	\$400.00 / \$500.00	\$450.00 / \$550.00
<input type="radio"/> Speaker	\$300.00	\$300.00	\$350.00
<input type="radio"/> DOE/OSHA	\$350.00	\$400.00	\$450.00
<input type="radio"/> Group Discount: 10%	\$315.00 / \$405.00	\$360.00 / \$450.00	\$405 / \$495
<u>(not available online-must be submitted together)</u>			
Pre-conference Workshops			
<input type="radio"/> VPP Application Workshop Mon, May 20	\$50.00 / \$100.00	\$50.00 / \$100.00	\$100.00 / \$150.00

***Indicates required fields.**

* YES, I am a VPPPA Member. 6-digit membership number * _____ NO, I am not a VPPPA Member.

Please indicate if your site participates in one of these programs: VPP SHARP

Attendee Contact 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:

Company/Org* _____
No acronyms. Use proper name.

Address* _____

City* _____ State* _____ Zip* _____

Phone* _____ Fax _____

Email* _____

Only registrants who provide an email address will receive confirmation of registration.

Additional Email: _____

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

Method of Payment

Total Payment \$ _____

Check enclosed: Check# _____
(payable to VPPPA, Inc.)

Visa MC AMEX Discovery

Card# _____

Exp Date _____

Cardholder's Name _____
(exactly as it appears on card)

Signature: _____

Please return your form with payment: registration@vpppa.org

Check or Credit Card Payments:

VPPPA, Inc.

7600-E Leesburg Pike

Suite 100

Falls Church, VA 22043-2004

Or, fax credit card information to (703) 761-1148

Liability Waiver: By submitting this registration form, the registrant releases any photographs or videos that may be incidentally taken of them by VPPPA during these events to be used for any purpose.