



**Region III  
Substitution Registration Form**

**Dover Downs  
Dover, DE  
April 30- May 2, 2019**

Please complete the Substitution Registration Form and sign below. No substitution fee will be charged unless substitution occurs onsite. After April 16, 2019 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.