



Region V Substitution Registration Form

Amway Grand Plaza
Grand Rapids, MI
May 14 -16, 2019

Please complete the Substitution Registration Form and sign below. No substitution fee will be charged unless substitution occurs onsite. After May 1, 2019, substitutions must be made onsite and will be **\$25.00**. Badge sharing, and partial substitutions are no 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.

Payment: **After May 1, 2019 substitutions are \$25.00**

American Express Visa Master Card Discover

Card Number: _____ Expiration Date: _____

Name exactly as it appears on card: _____

*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.

RETURN FORM TO: VPPPA, Inc., 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043

Fax #: (703) 761-1148 Email: Registration@vpppa.org Tax ID #: 54-1598954