



2024 Region I VPPPA Safety Conference April 2 – 4, 2024 Sheraton Portsmouth Harborside Hotel

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. VPPPA Region I **Tax ID #04-3556442**. Please write legibly.

All required fields are marked with *

YES, I am a VPPPA member. _____ **NO**, I am not a VPPPA member.
VPPPA Member Id number

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

Prefix* Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable

First Name* **Middle Initial** **Last Name***

Badge Nickname **Suffix** **Designation(s): (i.e. CSP, OHST)**

***Job Title**

Company/Org*(No acronyms, use proper name) **Address***

City* **State*** **Zip***

Email* **Phone*** **Additional email for receipt**
Only registrants who provide an email address will receive confirmation of their registration.

Please select your registration type. For questions call VPPPA at (703) 761 -1146.

Registration Type	Early Rate by 2/28/2024	Regular Rate by 3/15/2024	Late/Onsite Rate after 3/15/2024
VPPPA Member Conference only	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Nonmember Conference only	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Speaker – VPPPA Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Speaker – Nonmember	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
DOD/OSHA/DOE	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500

Group Discount: Register five or more attendees at once, receive 10% off registration total. Paper Forms Only.



Do you require special assistance/have any dietary restrictions? Wheelchair accessibility ADA Requirements
 Vegetarian Vegan Diabetic Gluten Free Lactose Intolerant Peanut Allergy Other, Please
Specify _____

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.

Payment Information

Total Payment \$ _____

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

Visa MasterCard American Express Discover

Card # _____

Exp Date _____ CCV Code _____

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

Signature _____

Agreement: By submitting this registration form, you agree to the event pricing, policies, and procedures as noted on other page of this form.

Please return your form with payment:

Credit Card & Check Payments: for Credit cards, scan/email to registration@vpppa.org, fax to (703) 761-1148.

For checks/cards, mail to Attn: Registration, VPPPA 8116 Arlington Blvd #210, Falls Church, VA 22042

Conference Questions/Special Assistance: Visit the Region I Page at <https://vppregion1.com> or contact Region 1 Chairperson Karen Girardin at kgirardin@lbean.com or call (207) 552-4909

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