

SUBSTITUTION FORM

Please make special note of the important information regarding housing assignments on page two of this form. Please email completed form to registration@nacds.org or fax to (703) 683-5678.

Person Completing the Form:

Name: _____ Date: _____
Phone: _____ Ext: _____ Email: _____

Person No Longer Attending This Conference:

Has this person left the company? Y N

New Registrant Information:

Company: _____

Dr. Mr. Ms. Mrs. First Time Attendee Y N

Name: _____

Nickname (for Badge): _____

Title: _____

Phone: _____ Ext: _____ Email: _____

Mobile Phone: _____

Mobile numbers will be used by NACDS for event information and emergency notifications only

Address: _____

City/State/Zip: _____

Spouse/Companion Information:

Spouse/Companion Name: _____

Nickname (for badge): _____

Spouse/Companion Email: _____

SUBSTITUTION FORM (Cont'd)

REGISTRATION FEES

NACDS will apply the registration fee from the prior registrant to the new registrant. It is the new registrant's financial responsibility to make any necessary accounting updates/changes to reflect the substitution with their company.

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Emergency Contact Number: _____

WEBSITE INFORMATION

Selected areas of the conference web site will be accessible to conference registrants only. Your login information will be activated once the substitution has been completed and your registration confirmation is sent. Your username is your email address. If you do not know your password, or have not set up a password, you can use the "Forgot Password" function to reset it. If you have any questions regarding this, please contact the Registration Department at (703) 837-4302.

HOTEL INFORMATION

Please **do not use the link** in your confirmation email to change the name on the reservation. Please provide the information below and NACDS will make the name change on the reservation for you.

New Registrant Name: _____

Arrival Date: _____ Departure Date: _____

Credit Card Information: _____

Type (check one): Visa MasterCard American Express Discover

Credit Card #: _____ Expiration: _____

Name on Card: _____

Billing Address for Card: _____

Please note:

The hotel requires a first and last night's deposit, which may be charged to the credit card provided as early as **Friday, January 8, 2021**. No refunds will be available for any cancellations, date changes or no shows after this date. If you have any questions, please contact the NACDS Housing Department at (703) 837-4301