



## 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](mailto:registration@nacds.org) or fax to (703) 683-5678.

### Person Completing the Form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ 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: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Spouse/Companion Information:

Dr.  Mr.  Ms.  Mrs.

Spouse/Companion Name: \_\_\_\_\_

Nickname (for badge): \_\_\_\_\_

Spouse/Companion Email: \_\_\_\_\_

Spouse/Companion Mobile Phone: \_\_\_\_\_

# SUBSTITUTION FORM (Continued)

## 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 or by email at [registration@nacds.org](mailto:registration@nacds.org).

## 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 for Hotel Deposit:

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, December 20, 2024**. 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 or by email at [housing@nacds.org](mailto:housing@nacds.org).