



**SUBSTITUTION FORM**

**Please review the important information regarding housing assignments on page 2 of this form.** Email completed form(s) 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:**

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

Has this person left the company?    Y        N

**New Registrant Information:**

Company: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Nickname (for Badge): \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_

**Spouse/Companion Information:**

Dr.      Mr.      Ms.      Mrs.

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

Spouse/Companion 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.

## REGISTRATION POLICY

NACDS reserves the right to alter, modify, and/or limit registration to the Annual Meeting based on recommendations made by public health officials and its own judgement concerning health and safety. Any such changes will be communicated to registrants.

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

## HOTEL INFORMATION

**Please do not use the link in your confirmation email to change the name on the reservation.** 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:    Visa        MasterCard        American Express        Discover

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address for card: \_\_\_\_\_  
\_\_\_\_\_

All Annual Meeting hotels require a room deposit equaling the entire length of your stay. Refunds will only be available for cancellations and date changes made prior to **Friday, March 21, 2025.**

If you have any questions regarding your housing assignment, please call the NACDS Housing Department at (703) 837-4301 or email [housing@nacds.org](mailto:housing@nacds.org).

## WEBSITE INFORMATION

Selected areas of the NACDS Annual Meeting website 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 NACDS Registration Department at (703) 837-4302 or email [registration@nacds.org](mailto:registration@nacds.org).