

## SUBSTITUTION FORM

Please make special note of the important information regarding housing assignments on page 2 of this form. Please 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: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Spouse/Companion Information:

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

Spouse/Companion Nickname (for badge): \_\_\_\_\_

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

## SUBSTITUTION FORM (Cont'd)

## 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) 837-4300, ext. 2.

## HOTEL INFORMATION:

Please do not use the link in your confirmation email to change the name on the reservation. Please provide the below information 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 (circle one):    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 Tuesday, March 24, 2020.

If you have any questions regarding your housing assignment, please call the NACDS Housing Department at (703) 837-4300, ext. 1.