



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** or fax to (703) 683-5678.

Person Completing the Form:

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

Dr. Mr. Ms. Mrs.
Spouse/Companion Name: _____
Spouse/Companion Nickname (for badge): _____
Spouse/Companion Email: _____

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:

New Registrant Name: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

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.

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 **Monday, March 21, 2022.**

If you have any questions regarding your housing assignment, please call the NACDS Housing Department at (703) 837-4301.