

Substitution Form

Please make note of the hotel refund policy listed on the next page.

Fax or email completed forms to (703) 683-5678 or Registration@NACDS.org

Person Completing the Form

Name: _____ Date: _____

Title: _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

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: _____ Fax: _____

E-mail: _____

Address1: _____

Address2: _____

City: _____ State/Province: _____

Zip/Mail Code: _____ Country: _____

Spouse/Companion Information

Spouse/Companion Name: _____

Spouse/Companion Nickname (for badge): _____

Substitution Form - cont.

NACDS

marketplace 2012

Where retailers shop

Spouse/Companion E-mail:

June 23 - 26, 2012 | Colorado Convention Center | Denver, Colorado

Website Information

Selected areas of the 2012 Marketplace website will be accessible to conference registrants only; this includes a list of participating companies and an advance registration list.

Your login information will be activated once the substitution has been completed and your registration confirmation has been 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 questions, please email the NACDS Registration Department at 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 below information 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 Date: _____

Name on Card: _____

Billing address for card:

Address1: _____

Address2: _____

City: _____ State/Province: _____

Zip/Mail Code: _____ Country: _____

Hotel refunds will only be available for room cancellations and date changes made prior to **Wednesday, May 23, 2012**. If you have any questions regarding your housing assignment, please contact the **NACDS Housing Department** at (703) 837-4301.

Fax completed form to (703) 683-5678