

## INDIVIDUAL SUBSTITUTION FORM

Please make special note of the important hotel information on page 2 of this form. Please email completed form to registration@nacds.org or fax to (703) 683-5678.

Person Completing the Form:	
Name:	Date:
Title:	
Phone:	Ext:
E-mail:	Fax:
Person No Longer Attending This Conference	e:
Has this person left the company? $\square$ Yes	s □ No
New Registrant Information:	
Company:	
□ Dr. □ Mr. □ Ms. □ Mrs.	First Time Attendee? ☐ Yes ☐ No
Full Name:	
Nickname (for Badge):	
Title:	
Phone: Ext	
E-mail:	
Address1:	
Address 2:	
City:	State/Province:
Zip/Mail Code:	Country:
Spouse/Companion Information:	
Spouse/Companion Name:	
Spouse/Companion Nickname (for badge):	:
Spouse/Companion F-mail:	

## Website Information:

Selected areas of the Total Store Expo website will be accessible to conference registrants only. This includes a list of participating companies and current registration list.

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 hotel link in your confirmation email to change the name on the reservation. Provide the following information and NACDS will make the name change on the reservation for you.

Name:		
nation:		
☐ MasterCard	☐ American Express	☐ Discover
	nation:	

No hotel refunds will be issued for cancellations and date changes made after <u>Thursday</u>, <u>July 19, 2018</u>

Please email completed form to <a href="mailto:registration@nacds.org">registration@nacds.org</a> or fax to (703) 683-5678.

Need Help?
Please call 703-837-4300
Registration: Extension 2
Housing: Extension 1