

## SUBSTITUTION FORM

Please make special note of the important information regarding housing assignments on page 2 of this form. Fax all completed forms to (703) 683-5678.

### Person Completing the Form

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

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

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

E-mail: \_\_\_\_\_

### 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

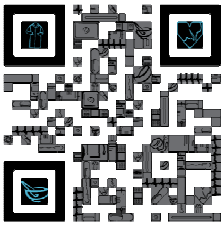
Zip/Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Spouse/Companion Information:

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

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

Spouse/Companion E-mail: \_\_\_\_\_



## SUBSTITUTION FORM (Cont'd)

### Web Site Information:

Selected areas of the 2012 Pharmacy & Technology Conference web site 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 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:

Type (circle one):          Visa    MasterCard    American Express    Discover

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

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

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

Refunds will only be available for cancellations and date changes made prior to **Wednesday, July 25, 2012.**

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