

## Individual Substitution Form

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

### Person Completing the Form:

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_

### Person No Longer Attending This Conference:

Full Name: \_\_\_\_\_  
Has this person left the company? Yes No

### New Registrant Information:

Company: \_\_\_\_\_  
Dr. Mr. Ms. Mrs. First Time Attendee? Yes No  
Full Name: \_\_\_\_\_  
Nickname (for Badge): \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Mail: \_\_\_\_\_ Country: \_\_\_\_\_

### Spouse/Companion Information:

Full Name: \_\_\_\_\_  
Nickname (for Badge): \_\_\_\_\_  
Spouse/Companion Email: \_\_\_\_\_

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## Individual Substitution Form Continued

### Registration Fees:

NACDS will apply the registration fee from the prior 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's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### 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 registrants.

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.

### 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 change on the reservation for you.**

New Registrant: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

### Credit Card Information:

Visa

MasterCard

American Express

Discover

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

Expiration Date: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

**No hotel refunds will be issued for cancellations and date changes made after  
Friday, July 20, 2021**

Please email completed form to [registration@nacds.org](mailto:registration@nacds.org) or fax to (703) 683-5678.

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