

Individual Substitution Form

Please make note of the important hotel information on page two of this form.
Please email completed form to registration@nacds.org
or use our secure fax line, (703) 683-5678.

Person Completing the Form:

Full Name: _____ Date: _____

Phone: _____

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: _____

Mobile Phone: _____

Email: _____

Address: _____

City: _____ State/Province: _____

Zip/Mail: _____ Country: _____

Spouse/Companion Information:

Full Name: _____

Nickname (for Badge): _____

Spouse/Companion Email: _____

Spouse/Companion Mobile Phone: _____

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.

Individual Substitution Form Continued

Emergency Contact Information:

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
Thursday, July 18, 2024**

**Please email completed form to registration@nacds.org
or use our secure fax line, (703) 683-5678.**

**Need Help? Please call
Registration: 703-837-4302
Housing: 703-837-4301**