

Region II VPPPA 2018 Fall Safety Forum Registration

Policies and Procedures

How to Register

Please use the correct address for your site/plant/corporation /facility/office. Do not use your home address.

For credit cards: (24 hours a day), fax your registration form and credit card payment to (703) 761-1148. Mail your form with credit card payment to VPPPA, 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043-2004.

Register online at www.vpppa.org.

For checks: (payable to VPPPA, Inc.), mail your registration form and payment to VPPPA, Inc. All checks received must include registration forms. Mail your completed registration form with payment to VPPPA, Inc., 7600-E Leesburg Pike, Suite 100 Falls Church, VA 22043-2004.

If you are using express mail services such as FedEx or UPS and require a street address for delivery, mail your form with payment to VPPPA, Inc., 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043-2004.

Registration Policy

The pre-registration deadline is September 21, 2018. Registration forms and payment must be received by this date to pre-register. After September 21, attendees are invited to register onsite. Only register one person per form. Registrations will not be processed without payment in full and full name of registrant.

Group Discount: If you register three (3) or more registrants from the same site, the 4th registrant is FREE must be at the same forum. Each registrant must complete a separate registration form and all registrants must submit forms at the same time via mail, in one envelope, or fax, in one transmittal, to receive this benefit. Online registration is not available for the group discount.

Cancellation Policy: No refunds will be allowed.

Substitution Policy: Substitutions must be received in writing along with a completed registration form for substitute attendees. A substitution fee of \$ 25 will be charged. After September 21, 2018, substitutions must be made onsite.



Confirmation Policy: Registrations will be processed and confirmations e-mailed within seven (7) business days of acceptance. Confirmations and proof of payment will only be provided if the registrant provides an e-mail address. The association does not sell its membership lists. As a VPPPA member, you will receive communication primarily via e-mail.

E-mail addresses are shared with other VPPPA members to promote networking opportunities.

No Shows: Refunds are not granted for no-shows.

Electronic Recording Policy: No audio or video recording is permitted.

Special Assistance: For special arrangements due to diet restriction or disability, contact Kevin O'Brien at (518) 782-2205 or kobrien@accesssolutions.com; or Robert Brynes at (518) 361-3673 or rbrynes@wtienergy.com.

Location of Event:

Courtyard by Marriott

11 Excelsior Avenue

Saratoga Springs, NY 12866

Hotel Reservations: To make hotel reservations, please call the Courtyard by Marriott directly at 866 210 9325. The Forum group rate is \$159.00 a night plus tax. Hotel reservations must be made before **September 7, 2018** to take advantage of the Forum group room rate by providing discount code VPP Forum. **Forum Group Code: VPP**

[Book your group rate for VPPPA Region 2 Fall Forum](https://tinyurl.com/yawzkzq7)

(right click to open hyperlink)

<https://tinyurl.com/yawzkzq7>

Indemnification: Forum attendees and guests, to the extent permitted by law, agree to indemnify VPPPA and its officers, directors, agents, and employees, of and from all claims, demands, or suits for personal injury or property damage, including costs and attorney fees, in any way arising out of or related to third party claims based on indemnifying party's negligent acts or omissions in connection with the Region II VPPPA Chapter Forum.

Forum Questions: Contact Region II Brenda Kay Wiederkehr at (518) 782-2222 or brenda@accesshealthsystems.com; Kevin O'Brien at (518) 782-2205 or kobrien@accesssolutions.com; or Robert Brynes at (518) 361-3673 or rbrynes@wtienergy.com. www.vppparegion2.org

Registration Questions: contact VPPPA at (703) 761-1146 or e-mail Registration@vpppa.org.



Region II VPPPA 2018 Fall Safety Forum

October 1st - October 2nd, 2018
Courtyard by Marriott, Saratoga Springs, NY



Please complete the registration form including signature and payment information. Use one registration form per person. This form may be copied for additional registrations. Registrations will not be processed without full payment and registrant's full name. See Registration Policies and Procedures for more information. **VPPPA Tax ID# 1598954**

Registration Type/Fee Category. Check the appropriate Fee Category. Please refer to the policies and procedures on the previous page for registration type.

	Regular by 09/21/2018 Member / Nonmember	Late/Onsite after 09/21/2018 Member / Nonmember
☐ Member / Nonmember (Forum Only)	\$200.00 / \$250.00	\$250.00 / \$300.00
☐ One Day Only	\$175.00	\$200.00
☐ One Day Only Speaker	\$0.00	\$0.00
☐ Speaker ☐ OSHA/DOE	\$175.00	\$175.00

Skill Builder workshops will be held following the Forum on Wednesday, October 3. Select option below if you would like to include a workshop with your Forum registration or workshop only. *Deadline to register for post Forum skill builder workshops September 21, 2018.*

	Member / Nonmember	Member / Nonmember
☐ Forum & Workshop Package (select one workshop below)	\$425.00 / \$450.00	\$450.00 / \$500.00
☐ Workshop Only (select one workshop below)	\$300.00 / \$325.00	\$325.00 / \$350.00
☐ SSQ/Strengthening Star Quality Workshop		
☐ Silica General Industry (Required Training)		
☐ American Heart Association – CPR/AED (limited to 20)(1/2 DAY)	\$100.00	\$100.00

***Indicates required fields**

* ☐ YES, I am a VPPPA Member ☐ NO, I am not a VPPPA Member.

VPPPA Member #* _____

* ☐ Prefix ☐ Dr. ☐ Miss. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev. ☐ The Honorable

Total Payment \$ _____

First Name* _____ Middle Initial _____

☐ Check enclosed: Check # _____

Last Name* _____ Suffix _____

☐ Visa ☐ MC ☐ AMEX ☐ Discovery ☐ Diners Club

Designation(s): (i.e. CSP, OHST) _____

Card # _____

Badge Nickname _____

Exp Date _____

Job Title* _____

Cardholder's Name _____
(exactly as it appears on card)

Company/Org* _____
No acronyms, use proper name

*Signature _____

Address* _____

Liability Waiver: By submitting this registration form, the registrant releases any photographs that may be incidentally taken of them by VPPPA during these events to be used for any purpose.

City* _____ State* _____ Zip* _____

Please return your form with payment:

Check Payments: VPPPA, Inc., 7600-E Leesburg Pike Suite 100, Falls Church, Va. 22043-2004

Phone* _____ Fax _____

Credit Card Payments: VPPPA, Inc., 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043-2004; or fax: (703) 761-1148.

E-mail* _____

Only registrants who provide an e-mail address will receive confirmation of their registration.

Additional E-mail* _____

If you would like a receipt to be sent to someone other than the attendee, provide an additional e-mail address.

