

# Region II VPPPA Conference 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) 761-2194 or (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](http://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. 2243-2004.

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.

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## Registration Policy

The pre-registration deadline is May 22, 2015. Registration forms and payment must be received by this date to pre-register. After May 22, 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 4<sup>th</sup> registrant is FREE. 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. No substitution fee will be charged. After May 22, 2015, 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 Thomas "Tom" Aurelia at (518) 791-5673 or [taurelia@ehs-excellence.com](mailto:taurelia@ehs-excellence.com).

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Location of Event:  
Tropicana Casino & Resort  
2831 Boardwalk  
Atlantic City, NJ 08401

**Hotel Reservations:** To make hotel reservations, please call the Tropicana directly at (609) 340-4000 or Toll-free at (800) 916-4339. The conference group rate is \$89 a night plus tax.

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**Indemnification:** Conference 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 Conference.

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**Conference Questions:** Contact Region II Chairperson Brenda Kay Wiederkehr at (518) 782-2222 or [brenda@accesshealthsystems.com](mailto:brenda@accesshealthsystems.com) or Thomas "Tom" Aurelia at (518) 791-5673 or [taurelia@ehs-excellence.com](mailto:taurelia@ehs-excellence.com).

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



## Region II VPPPA Conference

June 01 – 03, 2015

Tropicana Casino & Resort, Atlantic City, NJ

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 5/22/15 Member / Nonmember	Late/Onsite after 5/22/15 Member / Nonmember
<input type="checkbox"/> Member / Nonmember (Conference Only)	\$300.00 / \$325.00	\$325.00 / \$350.00
<input type="checkbox"/> One Day Only	\$175.00	\$200.00
<input type="checkbox"/> One Day Only Speaker	\$0.00	\$0.00
<input type="checkbox"/> Speaker <input type="checkbox"/> OSHA/DOE	\$175.00	\$175.00

Skill Builder workshops will be held following the conference on Thursday, June 04. Select option below if you would like to include a workshop with your conference registration or workshop only.

	Member / Nonmember	Member / Nonmember
<input type="checkbox"/> Conference & Workshop Package (select one workshop below)	\$525.00 / \$550.00	\$550.00 / \$600.00
<input type="checkbox"/> Workshop Only (select one workshop below)	\$300.00 / \$325.00	\$325.00 / \$350.00
<input type="checkbox"/> VPP Application Workshop® <input type="checkbox"/> SSQ Workshop		
<input type="checkbox"/> Confined Space Refresher		

**\*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\* \_\_\_\_\_    \*Signature \_\_\_\_\_  
No acronyms, use proper name

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax \_\_\_\_\_

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.

**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.

**Please return your form with payment:**  
Check Payments: VPPPA, Inc., 7600-E Leesburg Pike Suite 100, Falls Church, Va. 22043-2004

Credit Card Payments: VPPPA, Inc., 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043-2004; or fax: (703) 761-2194 or (703) 761-1148.