NIGP FORUM 2026

On-site Substitution Form

August 23-26, 2026 ● Columbus, OH

ONSITE SUBSTITUTE ATTENDEE

SUBSTITUTE ATTENDEE

PRINT LEGIBLY

_____
Full Name

_____
Badge Name

_____
Agency

_____
Title

_____
Business Address

_____
City & State/Province (Include Zip/P.C.)

_____
Tel. No. (Include Area Code) Ext. #

_____
Fax No. (Include Area Code)

_____
Email Address

INITIAL ATTENDEE

PRINT LEGIBLY

_____
Full Name

_____

_____

MEMBERSHIP STATUS

☐ Member
☐ Non-Member

SUBSTITUTE ATTENDEE REGISTRATION TYPE:

☐ Full
☐ Daily

Required Information

Name & Telephone of Emergency Contact during Forum

_____

_____

☐ *Check if method of payment is same as initial attendee. If different, please provide payment information below.*

***Payment Method*: ☐ Cash ☐ Travelers Check ☐ Credit Card ☐ Check #**

Card type: _____ Last 4 Digits of Card No: _____ Expiration Date: _____

Name on Card: _____

Card #: _____

Guest Name: _____

_____

Attendee Signature and Date