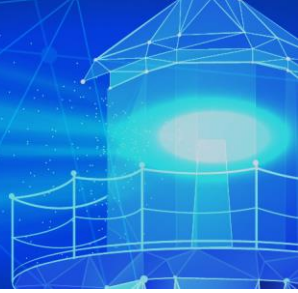




POWERING THE FUTURE THROUGH COLLABORATION

2024 NAPS NATIONAL CONVENTION
AUGUST 11 - 16, 2024

FOXWOODS RESORT CASINO
350 TROLLEY LINE BLVD
MASHANTUCKET, CT 06338



Substitution Request

Please email your completed Substitution Request form to napshq@naps.org.

All requests must be received on or before July 14, 2024.

ORIGINAL REGISTRANT:

*First Name: _____

*Last Name: _____

*Branch #: _____

*Registrant Type (Check One): Delegate Auxiliary Guest

NEW REGISTRANT:

*First Name on Badge: _____

*First Name: _____

*Last Name: _____

*Registrant Type (Check One): Delegate Auxiliary Guest

*Home Address: _____

*City, State Zip Code: _____

*City Displayed on Badge: _____ *State Displayed on Badge: _____

*Phone #: _____ *Branch #: _____

*Attendee's Email Address: _____

(NOTE: *May only be used once to register; non-postal email only*)

Branch Email Address (Optional): _____

First Time National Convention Attendee: Yes No